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MEDICAL ECONOMICS



JULY, 1957



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MEDICAL ECONOMICS

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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H. Sheridan Baketel, A.M., M.D., *Editor* • William Alan Richardson,
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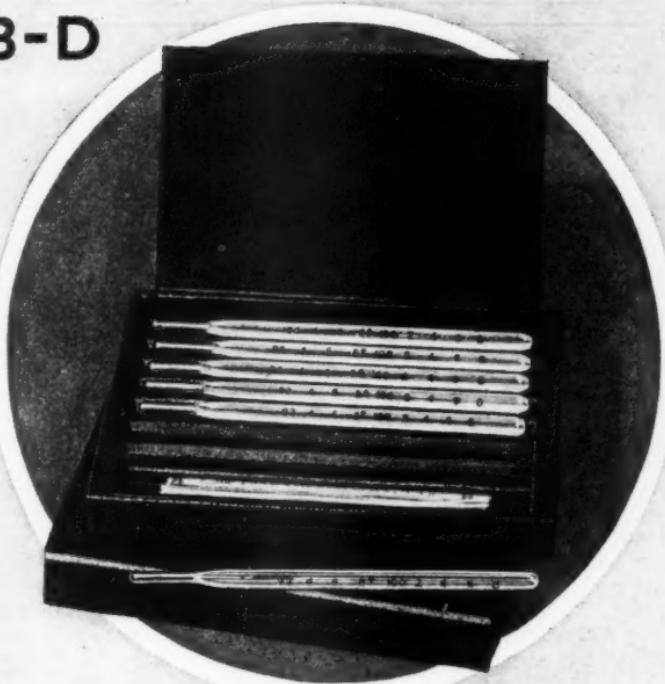
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★ SPEAKING FRANKLY ★

THE CANADIAN INFLUENCE

TO THE EDITORS: Your article, "Canada Casts the Die" (June issue), is by far the best description of the Canadian situation with regard to sickness insurance that I have seen anywhere.

The implications which your correspondent points out are inescapable. The outcome [of the plebiscite on sickness insurance] in British Columbia will undoubtedly have a strong influence upon other Canadian provinces and eventually upon the United States.

Arthur C. Christie, M.D.
Washington, D. C.

"WHAT WOULD YOU DO?"

TO THE EDITORS: Some time ago I was smashed up pretty badly in an auto accident. As a result, my spine is affected to the extent that I am unable to do much driving. I would like to know what other doctors do to augment their incomes when they become too old or too ill to carry on an active practice. What lines of endeavor do they undertake which are either allied or foreign to medicine?

By publishing this letter you may elicit information that will be valuable to me as well as to other physicians. I, for one, would sincerely appreciate any practical suggestions.

M.D., Kansas

T.V.A. APPROVED

TO THE EDITORS: Your article on medicine under the T.V.A. (June issue), moves me to make the following comment:

Physicians need not worry about socialized medicine growing out of the Tennessee Valley Authority project.

My fifteen years' experience with employees of construction, industrial, and similar types of companies has demonstrated to me that, with few exceptions, such employees prefer their own family physicians. They permit a company doctor to serve them only because they feel obligated to do so when injured during working hours.

In other words, they believe that a compensation act requires them to be treated by their employer's medical representative. Otherwise, they would call upon their own physician at all times.

The T.V.A. project will improve the living conditions of a great number of people. Consequently, they will become less of a burden upon the profession. There is little, if any, reason for us to view the project with alarm.

J. H. Bronstein, M.D.
Memphis, Tennessee

ANOTHER JOKER

TO THE EDITORS: While reading "Jokers in Collection Contracts" in your April issue, I was reminded of a warning that I would like to give my colleagues.

A man came into my office one afternoon to solicit accounts for collection. His business card read: Albert M. Cutler, 198 Broadway, New York City.

Cutler mentioned the names of some well-known colleagues and classmates of mine, saying that he had collected for them. He went on to explain that



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Many sinus and ear infections at this time of the year can be traced to diving and swimming. The protective mucus is washed away by the action of the water, thus leaving the way open to the entrance of infecting organisms into the airways.

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he was a lawyer and specialized in collecting for doctors.

On his promise that he would be courteous in soliciting payments from my patients and that none of them would be so much as threatened with a suit, I gave him two accounts to handle. I knew that the people involved could pay because they had good jobs. All they needed was a little prodding.

About a month later I received a phone call from one of the people whose name I had given to Cutler. This is what he said: "Doctor, although I didn't like the way you collected what I owed you, I am satisfied with your work and willing to forget the whole matter. I would like to have you treat a certain friend of mine."

It turned out that Cutler had collected the full amount of my claim against this patient after having served a summons on him. I learned that he had also collected the other account I had given him. Of course, I lost no time in getting over to 198 Broadway to find him. I was informed, however, that he had only rented desk space there for a month or two.

If anyone who reads this recognizes the "collector" mentioned here and knows of his whereabouts, I would appreciate being tipped off. I promise that he will not be at large long enough to cheat many more physicians.

Joseph Bernard Torre, M.D.
Brooklyn, New York

MISLED MEDICAL SPONSORS

TO THE EDITORS: From some of the explanations made by members of the Medical Committee of the American Friends of Spanish Democracy [see April issue, page 56], the inference may be drawn that their aid to the Valencia government would be withheld were they convinced of the communistic policy of Caballero and his Moscow aide, Marcel Rosenberg.

I do not think that those on the

Medical Committee are leftist. If I did, I would not trouble to correct evident misinformation. I believe they have been deceived by the daily press which has found fertile soil in minds prepared by miswritten history to believe that anything is preferable to all the things old Spain represented.

Roger Chase, secretary of the A.F.S.D., says: "It is easy enough to prove that the legally constituted government of Spain is not communistic." And he alleges that aside from that, his organization's medical bureau is not an arm of the government and is impartial to its patients.

Impartiality and political indifference demand that the American group offer medical aid to General Franco. It doesn't. Mr. Chase fails to explain this discrepancy.

In the meantime, America's first unofficial expeditionary force for the aid of Spanish communism continues to collect funds under the appearance of charity and under the cloak of conservatism supplied by learned physicians.

John R. Dundon, M.D.
Milwaukee, Wisconsin

POSTGRADUATE

TO THE EDITORS: I am a recent graduate. But I've been away from lectures and laboratories long enough to realize that medical education just scratches the surface of all there is to learn.

With that thought in mind, I make the following suggestion:

Since all of us, young and old, need further instruction, wouldn't it be profitable to substitute moving-picture studies for dry case reports at hospital conferences? Films of all sorts are offered by various pharmaceutical houses.

Younger men, of course, have time to read about the newer advances in medicine. But what of the older and busier men? They would enjoy the

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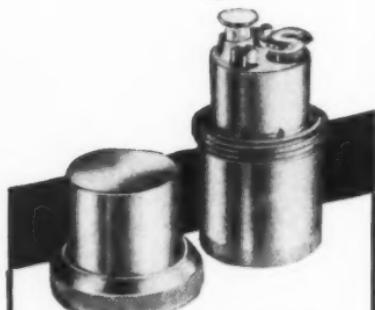
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Vincent T. Kavol, M.D.
Cleveland, Ohio

[*Physicians actively interested in Dr. Kavol's suggestion may secure lists of medical films from the American College of Surgeons and from the Bell & Howell Company, 1801 Larchmont Avenue, Chicago.—Ed.*]

DANGEROUS KNOWLEDGE

TO THE EDITORS: I'd like to pass along the following thought: Physicians would benefit by keeping in mind that many of the principles and practices of medicine should not be exploited. Too often we are apt to take a patient into our confidence and explain many of the deviations and possibilities of treatment. Getting away from the old-fashioned practice of confiding little to a patient has been of no benefit to us.

A little knowledge is as harmful as ever to the patient. It makes many people skeptical about their treatment. Ultimately, they start to shop for another doctor.

M.D., New York

FREE CARE BY ORDER ONLY

TO THE EDITORS: There is one problem to which the organized profession should give more attention.

In large cities, a sizable percentage of medical work is taken away from practitioners by pay clinics, many of which are associated with medical schools. Thus, the schools are competitors of their own graduates.

We should work toward an arrangement whereby large clinics which operate in connection with other institutions would be limited strictly to the treatment of extremely poor patients—either free or for a nominal sum.

Above all, no patient should be declared eligible for treatment without a written note to that effect from his

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1/2 teasp. salt						
1/2 teasp. whole mixed spices						
1 env. Knox Sparkling Gelatine	7	6				
1/4 cup cold water						
3/4 cup tomatoes strained	150	2				
2 tablespoonfuls vinegar						
1/2 cup chopped cabbage	50	1				
1/2 cup chopped celery	60	1				
1/4 cup canned green peas	40	1				
1/4 cup cooked carrots cubed	40					
Total		11	—	19	120	
One serving		2		3	20	

Bring hot water, salt and spices to a boil. Pour cold water in bowl and sprinkle gelatine on top of water. Add to hot liquid and stir until dissolved. Strain into tomatoes and stir in vinegar. Chill until almost set, then add vegetables. Mold and chill until firm. Serve on lettuce with or without dressing.



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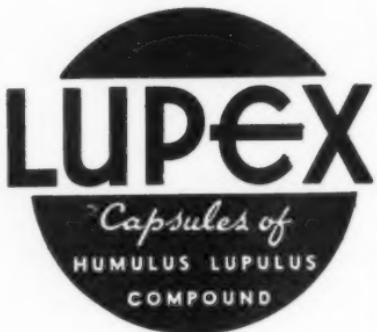
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Alvin M. Winograd, M.D.
Chicago, Illinois

MOTHER'S DAY

To the Editors: In minor operations of the type performed on children in the office I have found it advisable to allow the mother to help. This eliminates much of the anxiety and worry she would experience while waiting outside and imagining that unbearable pain was being inflicted on her child. Furthermore, the young patient feels more at ease when his mother is near.

Julius R. Kaufman, M.D.
St. Louis, Missouri

FOOTWORK

To the Editors: Treatment of the feet is a field much neglected by physicians because they consider it beneath their dignity. Nevertheless, proper care of excruciatingly painful corns and callouses is rightfully a part of the physician's domain.

Errors in diagnosis of lesions or mechanical disturbances of the foot are all too common. Being a graduate podiatrist as well as a physician, I have treated many patients referred to me by other doctors. I believe that my colleagues' wrong diagnoses have been due to superficial examination of the conditions involved. Such errors lower a physician's worth to his patient and to himself.

For the benefit of physicians who have been overlooking their patients' feet, I say: Why not take a two or three months' course at some reputable school of podiatry, equip yourself with the necessary instruments, and proceed to render a needed service?

The results are bound to gratify and help your patients. And, incidentally, the financial benefits to yourself will be eminently worthwhile, too.

M.D., New York

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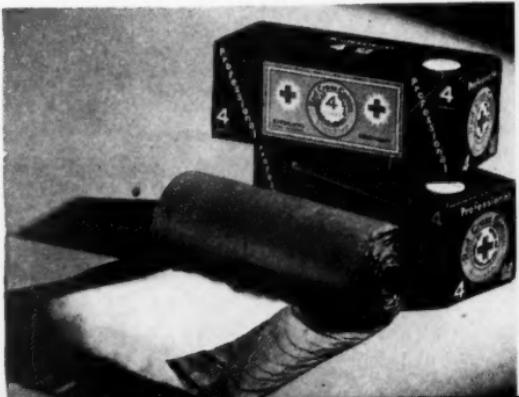
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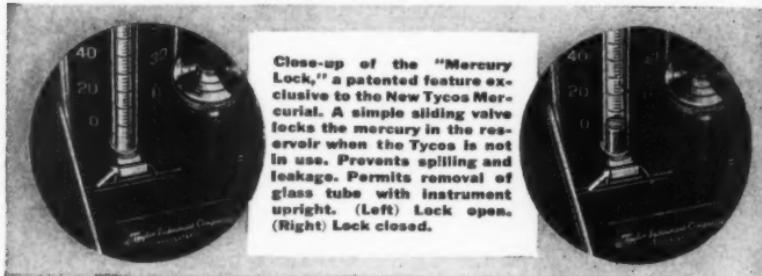
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Let your surgical supply dealer show you this new Tykos Mercurial. He will allow you \$5.00 on your old sphygmomanometer—any make or age—and give you the New Mercurial for \$22.50. Taylor Instrument Companies, Rochester, N. Y.

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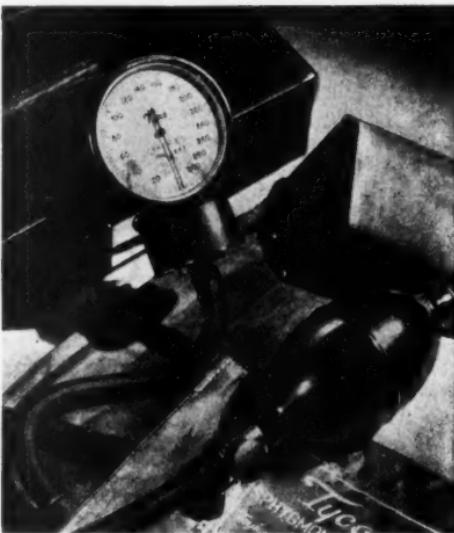
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★ SIDELIGHTS ★

THE REPLACEMENT of nurse-anesthetists by M.D.-anesthetists has been deemed advisable in numerous hospitals. It has also been deemed impracticable.

"We can't simply fire these nurses," staff physicians say. "They've been loyal employees of the hospital for years, and their work has always been satisfactory. Although we'd like to make the changeover, it's impossible."

Let such men take a tip from one of Philadelphia's leading hospitals. There, a completely simple but nevertheless practical solution has been applied. Instead of discharging its nurse-anesthetists all at once, the hospital is following the policy of merely replacing them by physicians wherever the nurses retire or leave voluntarily.

This policy creates no friction. No one is thrown out of a job. Yet professional anesthesia is gradually beginning to take its place in the hospital, thereby assuring better service for patients and an opportunity for young physicians to specialize in this branch of medicine.

NOW THAT the Supreme Court has upheld the constitutionality of the Social Security Act (forecast in December MEDICAL ECONOMICS), impetus will no doubt be given to the drive to liberalize existing laws through the addition of socialized medicine. It also becomes evident that if sickness insurance legislation is passed by Congress, it will probably be supported likewise by the Supreme Court.

EVEN IN THIS presumably enlightened age, millions of people fail to appreciate the difference between medical and non-medical eye men. Some startling answers have been secured by "The Inquiring Reporter" to the question, "Did you obtain your glasses from an M.D. or from a non-medical man?" (page 29, this issue).

One woman questioned reveals in her reply the attitude of a large segment of the population: "I don't know the difference between medical and



non-medical men as far as glasses are concerned. Aren't they all doctors?"

Such comments prove that education of the public—for the benefit of the public—is sorely needed.

As things stand, the patient runs the double risk of consulting an "irregular" when he needs glasses and receiving inferior service. Unfortunately, the patient who receives treatment at the hands of an "irregular" often supposes him to be an M.D. If the service is unsatisfactory, he directs his resentment against the entire regular medical profession.

Our state and county societies face the inescapable obligation of publicizing the difference between the eye physician and the everyday eye "doctor." Individual physicians can also spread the word in their regular con-

tacts with patients. When an eye examination is indicated, advise your client to consult a medical man—and explain why. Don't simply say, "You'd better have your eyes examined."

OVER ONE MILLION people now hold government jobs, according to figures just published in the 1936 edition of the *Statistical Abstract of the United States*. The largest single group of new employees is engaged by the Works Progress Administration and numbers some 30,032 persons.

Yet in line with reliable estimates,



five times as many people would be required to administer an American system of state medicine as are now employed by the entire Works Progress Administration! As a matter of fact, this medical administrative staff would embrace as many employees as the combined total who now hold jobs under the WPA, the Home Owner's Loan Corporation, the Resettlement Administration, the Tennessee Valley Authority, and the emergency conservation units of the Departments of Agriculture and War—with more than 40,000 left over for good measure!

Taxpayers take note.

IT IS HIGH TIME that practical nurses, nursing aides, and attendant nurses were regulated by state law.

A great many of these women who can not write "R.N." after their names perform a valuable service in caring for the convalescent and for the chronically ill. For their own protection, as well as for the protection of the public, they should be subject to regulation.

New York's Esquirol-Stewart bill, sponsored this year by the state medical society, leads the way in providing that anyone who nurses for hire shall be licensed by the state department of education.

Unless ethical nursing attendants are compelled by law to be licensed (and certainly those who are properly qualified should not object to it) they will find themselves discredited by the influx of would-be nursing aides who have neither the background nor the capacity for the work.

High standards are essential to the success of any profession. The nursing attendant group is no exception.

ASUMMING THAT MEDICAL services are an integral part of social security, why do we have to create another parasitic bureaucracy to supply them? the wary taxpayer is now beginning to ask.

Unemployment and old age insurance provide food, shelter, and clothing by supplying the wherewithal to purchase them. Within the limitations of his purse, the beneficiary is free to buy where he pleases.

Why not furnish medical care the same way? A moderate increase in insurance benefits—if we must have them—would cover a reasonable amount of doctoring.

The skeptics' chorus will object that the money might be wasted on quacks or not used for medical care at all. Well, what is to prevent irresponsible individuals from squandering the rent and food allowance?

As long as sinners crowd the saints in this world, there will be no foolproof system. To prevent abuse of any medical plan, people must be imbued with a more positive attitude toward health. Above all, for medical services, they must learn to look to the qualified physician first, last, and always.

ARE YOU a sentimentalist about fees? Read this and learn!

A physician nursed a poor patient

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through a long illness without charge. So touched was he by the seeming poverty that he left \$5 with the family one day for the purchase of a few comforts. When he made his next call he was told his services were no longer needed. His \$5 bill had enabled the patient to call a *good doctor!*

Admittedly this is an extreme case, but it carries a warning for every day.

People value the things they pay for.

Good medical care is far more necessary and valuable than most of the luxuries consumed in such abundance. Yet the public spends twenty billions a year on non-essentials and only three billions for medical service.

This is partly the profession's fault. Medical service is cheapened by too much free giving. Within reasonable limits the physician should charge the full value of his services, even if it entails a sacrifice of non-essentials on the part of the patient.

No practitioner, in setting fees, is eager to be a Simon Legree—but who wants to be a Caspar Milquetoast either?

GRADUATED MEMBERSHIP DUES, while common among clubs, are not so common among medical societies. Yet they appear to offer distinct benefits.

Under a graduated scale, the physician while young pays only modest yearly dues. Then, as he continues in practice and secures a firmer financial footing, his dues increase.

In view of the logic of graduated dues, it is perhaps surprising that they have not been adopted by medical associations more widely. They do not imply that during the years a physician is a member he will pay any more dues in the aggregate. They provide merely a different plan of payment.

Any society contemplating a change in this direction should naturally study existing arrangements so as to arrive at a schedule of dues which

will enable it to meet its obligations and at the same time be fair to its members.

Graduated dues promise a sound means of building membership among young practitioners who feel that they would like to join their local society but can not afford the regular membership tariff.

THE OFT-REPEATED statement that no large medical society can afford to be without a public relations committee was corroborated after this year's convention of the Oklahoma Medical Association.

Some of the headlines which appeared in Tulsa papers did little to encourage public confidence in the profession. For example:

"Physicians Deny Hint of Bribery," "Doctor Quoted Correctly But Words Were Misinterpreted," "Doctors Deny Knowledge of Money Offers," "Ada Physician Claims He Was Misquoted in Hospital Fight."

No doubt those headlines caused quite a few pairs of raised eyebrows.



No doubt, also, they could have been avoided had a publicity committee been on hand to release accurate, favorable reports of the association's executive sessions. Such a committee serves a useful purpose, as well, in answering questions and giving reliable information on medical topics not directly connected with conventions.

Whether or not the physicians of a state or county desire publicity, they are certain to get it when their medical association convenes.

If reporters cannot obtain their information from responsible sources, they will get it elsewhere.



GOING TO

BY NORMAN
GOLDSMITH, M.D.

"NEXT TUESDAY DR. ANDREWS will address the Parent-Teachers Association on _____"

Will he be heard? Will he be understood? Will what he says be remembered?

Demosthenic genius is not essential to the success of a physician's public speaking. Nor does this article purport to show you how to become a medical Burke or Lincoln. It may, however, help you achieve some degree of success as a good, everyday speaker (most men don't even get *that* far).

The physician's first job is to learn to talk on a level with the lay public's medical I. Q. The facts he's discussing are so familiar to him that he assumes their familiarity to others.

"Hardening of the arteries" means a lot more to the layman than "arteriosclerosis." "Heart failure" is more readily grasped than "cardiac insufficiency." The man in the street understands "baldness," but he probably never heard of "alpecia." After all, a medical speaker's purpose is to convey tangible

information, not to impress with cabalistic words.

Another goal to capture is listener-interest. If a little imagination is used, almost any subject can be harnessed to something that immediately concerns your audience. Thus, in discussing bacteriology before a high-school group, one speaker aroused keen interest by referring to an epidemic of boils that had been incapacitating the basketball team. Mention of how the athletes might be helped focused attention immediately on the less dramatic but important subject matter which followed.

Young mothers, school boys, Rotary club members, and scientific groups are interested in vastly different aspects of any given subject. Yet some physicians cling to one set talk, regardless of the variety in their audiences. They fail to individualize what they have to say. Consequently, they fail to arouse the wide-awake attention their subject may deserve.

Humor, unless put across successfully, is a traitor. The laughs which follow a feeble joke may undermine an otherwise effective speech. On the other hand, nothing warms an audience more than a realization that the speaker is also a

TO MAN M.D. with is lis- agina- subject that audience character- group, terest boils g the how d fo- on the . sub- s, Ro- scientific y dif- object. o one variety to in- o say. rouse r sub- suc- laughs may eactive thing a re- Also a

MAKE A SPEECH?

human being who makes mistakes and enjoys a good laugh on himself. Start with a funny story illustrating your own inadequacy, and the audience will be your friend. But don't attempt to pepper your talk with humor unless you have a real flair for it.

Mode of delivery is not so important for the physician as for other speakers. In the first place, the medical man is rarely obliged to give an emotion-stimulating talk; that's for lawyers, politicians, and preachers. His function is usually to explain. He does not have to worry so much about flights of rhetoric, dramatic gestures, or histrionic changes of voice. Yet his talk should be colorful.

What are some of the devices by which prosaic medical statements can be brightened up? First is the use of homely similes—comparisons which make use of readily-understood figures. Apropos when discussing physical limitations, for instance, are the overloaded truck, the draught animal too tired to go on, the man carrying a heavy sack. Disease fits admirably into a war allegory—white leucocytes, as soldiers, fighting chains of streptococci. The more closely figures approach the common knowledge of an audience, the better.

Chalk drawings are a great help. It is not necessary to be an artist to sketch simple diagrammatic symbols. A few lines will picture the lungs; chalk smudges will show more clearly than a thousand words

the difference between lobar and broncho-pneumonia. A diagram of the intestinal tract, with stomach, gall bladder, and appendix, will save tedious minutes of attempted explanation.

Colors are especially helpful in chalk talks. If your art leaves something to be desired, the contrast between a bright yellow and a flaming red will do a lot to offset the deficiency.

Since many auditoriums today are equipped with amplifiers, fear of insufficient voice-volume is disappearing. But the microphone, be it in a broadcasting studio or in a public hall, performs queer tricks unless used correctly.

Above all, the good radio speaker enunciates clearly. Even tones are best, provided they are not too monotonous. Excessive contrast is to be avoided. A sudden break from a whisper to a shout sounds ridiculous through a loudspeaker. Speech should be a little slower than ordinary but not so slow as to become a drone.

Some speakers think they have



Public interest in medical subjects is piqued constantly these days by magazine articles, newspaper columns, and radio broadcasts. More and more physicians are being asked to address lay groups. Hence the timeliness of Dr. Goldsmith's discussion of rostrum technique.

to shout into a microphone to be heard. The results are disastrous. Stick to a uniform, conversational tone, instead. It has the advantage of warming an audience.

Talk as naturally as you do over the telephone. If your subject really possesses you, your voice will automatically have variety and naturalness.

Don't "ahem!" Don't rattle paper. The sound is terrific when it comes out the loudspeaker.

Prolong all vowels. Staccato speech is rarely effective when microphoned, despite Walter Winchell's reputed \$3,000 per fifteen-minute broadcast.

Apropos of radio broadcasts, nothing is worse than to be cut off just as your conclusion is about to be reached. It's almost as bad to finish two or three minutes ahead of time, causing an embarrassing gap which the announcer must bridge.

A radio talk should be checked carefully before delivery to make sure that it fits to a second the time allotted. A good device is to note at intervals on the margin of your manuscript how long it took to get to each point during rehearsal. These time-points can be checked as you deliver the actual broadcast.

A person's talking speed may vary surprisingly, depending upon whether he is addressing a real or a pretended audience. As insurance, a number of experienced broadcasters include an optional paragraph near the end of their talk which can be omitted without harm if time runs short.

Returning to visible lay audiences—should the physician read his paper? In general, no. Listening to an untrained lector becomes

extremely tiresome. True, talking directly may not be conducive to perfect English, but a slip here and there is worthwhile if an audience is spared boredom.

Two potential dangers in speaking without a manuscript are forgetting and rambling. They can be avoided by the use of notes—a step-by-step outline on 3" x 5" cards. Then a talk is well organized, nothing important is omitted, and it can be delivered in an unstilted manner.

In addition, the evidence of cards has a distinct psychologic advantage. It convinces the audience not only that the speaker has something to say, but also that he is making definite progress in saying it.

Even a scientific paper read before an audience of physicians loses nothing through simplification and dramatization. Sketches of organs, representations of basic histological pictures, and the like are remarkably helpful. One adjunct, in fact, which is becoming almost a *sine qua non* in some places, is illustration with lantern slides or motion pictures. More and more medical organizations are buying projectors, and a growing proportion of papers presented today are pointed up with pictures of some sort.

Scientific papers should be read, instead of recited, because exact material is desired. A physician-audience feels that the subject matter is more accurate if read than if given offhand. But don't read too fast. Double-spaced, or even triple-spaced manuscripts, with wide margins, make reading easier. Moreover, they allow marking for pauses and emphasis.

Leaving a paper at frequent in-

intervals and talking at will makes for effective variety. It is especially easy to do when mentioning patients. Talking instead of reading about a case injects a welcome note of staff-room informality. Thus, facts are carried across more interestingly. When launching into extemporaneous asides, however, remember to relate only salient features.

In connection with lantern slides, clarity is more important than completeness. Too much material on a single slide should be avoided at all costs. One statement in large type, plus a clear-cut graph, is in-

finitely more effective than dozens of complex, interrelated figures.

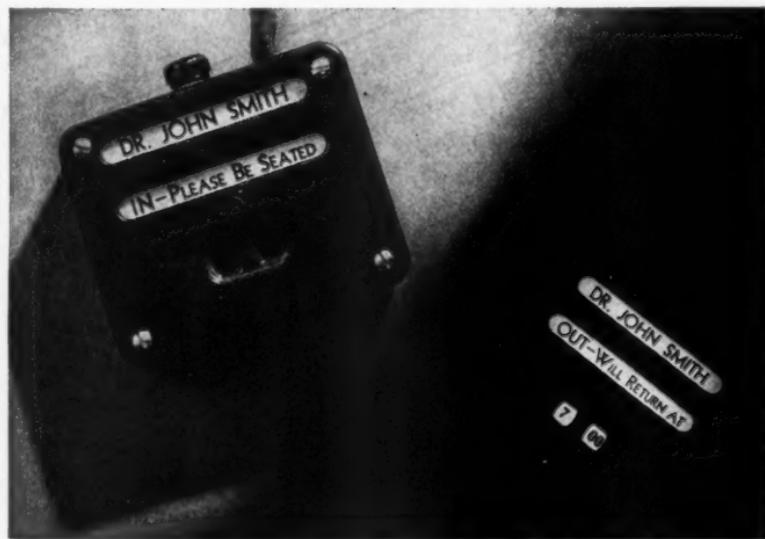
Every successful speaker watches his audience. If he notes that interest is flagging, he abruptly changes his attack.

Avoid talking too long. Far better to have your audience say, "It's too bad he didn't have time for more!" than "I thought he'd never stop!"

Finally, keep in mind the old rule: "Tell them what you're going to tell them. Tell them. Then tell them what you've told them."

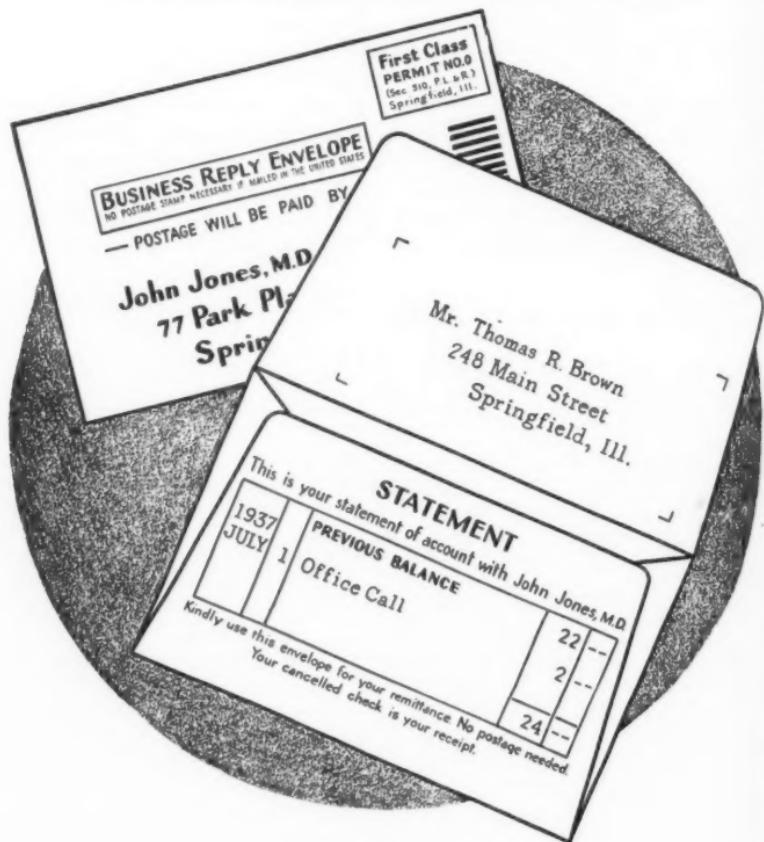
And don't drag on afterwards. When you're through, *stop!*

MECHANICAL RECEPTIONIST



To replace the old dog-eared card which once hung on the door of the waiting room, a neat molded plastic box announces the doctor's presence or his time of arrival. Two knobs control the message, a third switches on the electric current to light the sign at night.

ENVELOPE-STATEMENT SPEEDS PAYMENTS



THE INK BOTTLE'S EMPTY. Or there isn't a stamp in the house. Or Uncle Ezra has just used the last envelope.

Any one of these trifles is enough to thwart the good intentions of a patient who sits down at his desk to write out a check for your bill.

And the trouble is—if delay steps

in, you stand a good chance of never being paid. Next month there may not be any ready funds. Other more pressing creditors may have clamped down in the meanwhile.

Furthermore, as time slips by, both the patient's appreciation and his willingness to pay can be de-

pended upon to diminish.

For all these human reasons, the practical psychologist in medicine sticks to the principle of making payment as easy as possible.

In search of a method which would relieve the patient of every detail, even to supplying a stamp, one physician hit upon the device described here—a prepaid, addressed envelope-statement. This combination affair not only encourages remittances, but it also reduces the monthly labor of sending out statements.

The practitioner referred to began by purchasing a supply of envelopes with deep, broad flaps. His printer transformed these into regular, business-reply envelopes. On the front are printed the doctor's name and address; on the back, his billhead, with an explanatory notation at the bottom (see illustration).

A supply of window envelopes was also purchased. These are large enough so that the business reply envelopes may be slipped into them without folding.

To bill an account, the secretary simply inserts an envelope-statement in her typewriter and fills in (1) the charge and amount due, (2) the patient's name and address (the latter are typed on the inside of the flap).

It is not necessary to go through two operations and type an envelope and statement separately. The combined envelope-statement

may be completed in a single operation without being removed from the typewriter.

Next, the secretary folds the flap back against the face of the envelope-statement and inserts it in the window envelope so that the patient's name and address are visible through the window. She then seals and stamps the outer envelope and the job is done.

The first thing the patient sees upon opening the envelope-statement is the amount of his bill. If that doesn't interest him, the novelty of the device will. He readily sees that all he has to do is to place his check inside, seal the envelope, and drop it in the nearest mailbox. You pay the postage.

Any physician who wishes to use business reply envelopes of this type can secure a permit from his local postmaster. The service is free, and postage is paid only on those envelopes which are actually mailed back to the doctor.

When the envelope-statements are returned to your office, you pay the letter-carrier three cents for each one mailed locally, four cents for those from out of town.

A few men may object to paying the return postage. For their benefit, it may well be repeated that return postage is collected only on those envelope-statements which are mailed back. And since they contain a remittance, the few cents postage represents money well spent.

The least of trifles may be excuse enough for Patient Brown to put off paying your bill. So why not make the job as easy for him as possible? The combination envelope-statement is one way of doing it.

NOVEL PLAN STABILIZES YEARLY INCOME

We present this annual-fee plan as an economic oddity, not as a panacea. Would you prescribe such a plan for yourself or your colleagues? We invite comment.

"FOR A FLAT FEE of \$50 a year, I'll furnish you and your family with complete medical care, covering everything from a boil to a baby," said Dr. Thom Bondus, of Chicago, to one of his patients.

That was four years ago.

Today, over 25 families, or about 25% of Dr. Bondus' practice, is conducted on this unique basis.

The idea of charging patients by the year was developed by this Chicago doctor in order to help patients with low and moderate incomes. Such people, particularly parents with young children, he found, were often forced to choose between going to a free clinic or calling a physician only *in extremis*.

Dr. Bondus believes that the annual fee plan offers them a neat escape from this dilemma. It not only provides private treatment without financial embarrassment, he says, but it emphasizes also the modern trend toward preventive rather than curative care. In addition, it maintains his own income on a steadier level.

The \$50 rate includes complete medical, surgical, and obstetrical service. When the doctor considers them necessary, consultations are

also provided. Medicines, except those given in ordinary treatment; x-rays; and all hospital expenses are paid for separately and at the usual rates.

Dr. Bondus performs 95% of his operations himself. Such special procedures as a mastoidectomy or prostate removal are, however, on his 5% "excluded" list. For these cases he calls in another surgeon, at no additional cost to the patient.

All extra surgical and consultation fees are paid for from Dr. Bondus' personal account—usually on a reciprocal basis where he expects to render a service later to the surgeon or specialist. Because 75% of his patients can and do pay regular fees, neither he nor his colleagues feel that the occasional exception is unfair. For this reason, the actual cash expenditure never exceeds 5% of his annual fees.

The basic charge of \$50 applies to an individual or to a small family, but may be increased in certain cases. Where, for example, there are three or four adults in a family—often elderly people requiring considerable attention—the fee is raised to \$100 or even \$150 a year. At present, Dr. Bondus' average

family comprises 3.5 persons, surprisingly near the average for the entire country (4.1 persons).

The doctor employs no contract. He conducts all his business verbally. No letters, literature, or litigation have ever been found necessary. He suggests and explains the plan to patients whose moderate income warrants such an arrangement. Those who can afford to pay his usual fees are not invited to join.

If interested, the patient seals the bargain with a \$5 deposit and agrees to pay the remainder in monthly installments of \$5 or more. The service may start from the first of the month nearest to the date of deposit, or with the calendar year. A card in the doctor's files is the only record of payments.

Four years of experience with annual fees have convinced Dr. Bondus that they make possible a sound and practical plan, capable of wide adoption. Most of the theoretical objections to it, he asserts, peter out in actual practice.

Collection problems, for example, are negligible. So far, only one account has been delinquent. Patients pay voluntarily and with reasonable promptness, either by the month or when they call for treatments.

Dr. Bondus finds the arbitrary rate of \$50 neither too high nor too low. Payment of this fee is not only satisfactory, but it also eliminates financial friction, he says. Further, it helps to stabilize his income, in contrast to the fluctuating fees paid by other patients. During the course of any one year his books may not show much profit; but, over a long period, he declares, the results are impressive.

He believes that the fairness of such an arrangement increases the patient's respect for the doctor. The patient feels that here at last is a professional man who understands his economic difficulties and is willing to meet him halfway. For this, as well as for the usual reasons, they recommend him highly to their friends. The result is a larger practice and more substantial returns, since many of the new patients can pay the usual charges.

Annual fees also have the advantage of giving permanence to the doctor-patient relationship, adds Dr. Bondus. This is highly desirable from both a medical and a financial standpoint.

Almost without exception the doctor's contract patients have renewed the agreement year after



DR. THOM BONDUS

The author of the scheme described in this article, was born in Holstein, Iowa. He graduated, practices, and lives in Chicago.

year. The patient feels free to consult him often, whereas on a straight fee basis he might put off a visit until seriously ill. There has been little tendency to abuse this privilege, however, or to demand unnecessary consultations, he says.

Under such an arrangement, Dr. Bondus claims better control of his patients and their families. He is able to treat them as a unit, thereby keeping a close check on their health and often aborting dangerous illness.

If a case is of unusual interest, or if he wishes to make a close study of some new treatment, he does not hesitate to request frequent office visits. Neither he nor the patient has any financial inhibitions against such a demand.

The question of ethics with relation to this plan has yet to be raised. To Dr. Bondus' knowledge, the American Medical Association has not discussed annual fees one way or the other. Nor have any objections been voiced by the Illinois state or county medical societies, of which he is a member in good standing. His colleagues seem to think well of the plan, he says, and his patients commend it with no faint praise.

In the future Dr. Bondus expects to increase his contract patients to at least 50% of his practice. He is now contemplating two charges in addition to the present \$50 flat fee. One charge would be \$10 a year for each child in excess of one in the family. Thus the annual rate for parents with two children would be \$60.

The other addition would be \$1 for each home call. He does not think patients will object to this extra charge, particularly in a city

like Chicago, where distances are great and the cost of transportation is high.

Dr. Bondus knows of no other physician in Illinois who offers a similar service, and estimates that the percentage for the entire country is negligible. He would, however, like to see the plan developed by the *experienced* physician.

The *italics* are his, since he is certain that only the doctor with a well-rounded training could make the scheme worthwhile. A young doctor, he says, who seized on it as a quick road to a permanent practice, might be sadly disappointed. He would soon discover that his limited experience, particularly in surgery, would cause most of his fees to be eaten up in payments to surgeons and specialists.

Unless developed to the limit of its possibilities, declares Dr. Bondus, this type of contract practice alone will not make a physician self-supporting. He finds it valuable chiefly as a financial backlog to his regular practice. The plan would not be feasible for specialists. Nor, on the other hand, would it interest patients with gilt-edged incomes.

For the experienced general practitioner, however, Dr. Bondus believes his plan offers a double opportunity. "It helps the salaried patient to live within his budget, and it enables the doctor to have one," he says.

NEW JERSEY physicians in a certain section of the state, anxious to collect their old accounts, have hit upon a big idea—a collection agent who weighs 300 pounds. The implication is that he can't be budged until the debtor pays up.

The INQUIRING REPORTER

QUESTION

Did you obtain your glasses from an M.D. or from a non-medical man? Why?

ANSWERS

WILLIAM T. KETCHAM, 23 Sound

View Ave., Dunwoodie, N. Y., bank teller: "First I went to a non-medical man, who examined my eyes and prescribed glasses. The glasses

he gave me didn't help at all. Later I went to an M.D., and he found that it was a case of stomach trouble. He treated me and also prescribed the glasses I am now wearing."

MRS. ESTHER T. SCHINKEL, 4010

Amundson Ave., Bronx, New York City, home: "I went to an M.D., because I was well aware of the difference between medical and non-medical

eye specialists. He examined my eyes and wrote a prescription for glasses. This I took to an optometrist, who made the glasses. They were examined by my doctor, who pronounced them okay."



MRS. J. M. DELEHANTY, Grace Terrace, Hackensack, N. J., home: "I needed glasses, so went to a large department store for them. I have done a good deal of business with this store and have confidence in their policy. I don't know the difference between medical and non-medical men as far as glasses are concerned. Aren't they all doctors?"

ROLAND SENNIVILLE, 203 E. 44th St., New York

City, restaurant owner: "When my eyes began to hurt and bother me, a friend advised me to go to his 'eye specialist.' I went as I was advised, and the 'specialist' turned out to be a non-medical man with a store on a street corner. The glasses he gave me helped a lot."



MRS. ROSLYN ROTHENBERG, 4023

Pratt Ave., Mt.

Vernon, N. Y., home: "I finally got my glasses from a non-medical man. I had already gone to an M.D., but didn't order glasses, although he said I needed them. Then I went to an optometrist; and when I found his technique about the same as that of the M.D., I ordered glasses from him."



[TURN THE PAGE]

MRS. JOHN COYLE, 129 W. 90th St., New York City, home:



"When I needed glasses, I was advised by several friends and by some members of my family to go to one of the

best known specialists for the eyes in New York City. The glasses he fitted have helped me a lot. I don't think he was a medical man."

HARRY WAGNER, Cedar Lane, Teaneck, N. J., hardware dealer:

"From a non-medical man. I didn't know that medical doctors prescribed glasses for the eyes. There's an optometrist near me, and when I thought I needed glasses I had him examine my eyes. I bought my glasses from him."



OTIS T. PRUETT, 31 St. David



Lane, Schenectady, N. Y., steward: "I consider my eyes the most important single accessory, and I don't believe in going to the usual street optome-

trist. I went to an M.D., a real specialist. He understood my eyes and knew how and what to prescribe for them. I've been going to him ever since."

MRS. J. C. MORAN, Birch St., Teaneck, N. J., home:



"When I was a little girl, my eyes were crossed and my parents took me to an M.D. He recommended an oculist, a doctor who prescribed glasses for me. Now I am going to an optometrist, a non-medical man, principally because I didn't know there was any difference in their methods."

NOTE: The Inquiring Reporter will secure answers to any medical-economic question which the editors deem interesting and vital to physicians in general. Send your question to MEDICAL ECONOMICS, Rutherford, N. J.

SPECIAL APPEAL

INDIVIDUAL HANDLING of overdue accounts often brings results. Consider the following case:

A patient had owed me \$150 for several years. I decided to take a chance and make a special appeal. I wrote to him, telling him that I had some urgent obligations to meet on May first, and asked if I could depend on him for \$50 prior to that time.

Within a few days the delinquent called at my office to assure me that he would have the part payment for me at the time stipulated. And he kept his promise.

In another few months I made a similar appeal, with the same result.—M.D., MICHIGAN.



MEDICAL SUPPLEMENTS GAIN FAVOR

NEWS PAPER PUBLICITY and professional ethics used to be about as uncongenial as oil and water. Today they are fast becoming reconciled.

Indeed, many practitioners now feel that such publicity, properly handled, is imperative. They point out that it meets a pressing need for (1) combating the cults; (2) confounding the claims of quacks; (3) arousing lay interest in preventive medicine; (4) heightening public esteem for the private practitioner; (5) pricking the conscience of delinquents; and (6) spiking propaganda for state medicine, health insurance, and other threats to private practice.

Outstanding among the newer forms of ethical publicity are so-called medical supplements published by newspapers. The first such supplement made its bow a little over two years ago when, under the sponsorship of the Sedgwick County (Kansas) Medical Society, the Wichita *Beacon* published a special fourteen-page section dedicated to the profession. Subsequently, in both 1936 and 1937, the society sponsored the publication of medical supplements in two leading local dailies.

Shortly after the Sedgwick County group cooperated with the *Beacon* in producing its first medical section, MEDICAL ECONOMICS

Taking a hint from Will Rogers' "All I know is what I read in the papers," several county societies have sponsored medical supplements in leading newspapers. Thus, laymen are coming to learn how much the profession means to them.



published an article describing it (June, 1935). Since then, medical supplements patterned after the Kansas example have appeared in newspapers in widely separated parts of the country (e.g., the Seattle *Times*, the Tulsa *Daily World*, the Detroit *Free Press*).

The typical medical supplement is published as a separate section of the newspaper, and comprises about fourteen pages. The first page consists of a glowing tribute to the physician (see illustrations). The balance of the supplement is filled with feature stories about medical history and progress, descriptions of the value and function of organized medicine, details about the background and service of local hospitals, advice to laymen about the worth of preventive medicine, and editorial laurels for doctors.

Typical of the headlines to be found in these supplements are the following: "Seattle Doctors Give 20,000 Free Service Annually"; "Health Department Maintains Careful Vigil Over Public"; "Medical Discoveries Save Public From Plague"; "King County Has Ac-



Inspirational cement for the physician-patient relationship—three typical first-page layouts for medical supplements.

tive Medical Association"; "Medical Service Bureau Offers Aid to All"; "See Your Doctor While You're Well."

Because these supplements are freely interlarded with advertising (carefully censored by the local medical association), they cost physicians nothing.

The technique of initiating a medical supplement is relatively simple. In Sedgwick County, for example, the job fell to the soci-

ety's committee on public education. It was not difficult to convince the local newspaper publisher of the value to him of a medical section. It meant a highly readable feature for a Sunday edition, increased goodwill toward his publication on the part of local physicians, and worthwhile revenue from advertisers anxious to buy space in the specialized supplement.

The committee on public education prepared a number of articles

itself. Leads for others were suggested to the newspaper for preparation by its staff. All copy was screened thoroughly by the committee, which made suggestions for deletions and additions.

To do away with the implication that any advertiser appearing in the supplement had been approved or his product accepted by the profession, the society had to (1) keep news stories about advertised products out of the text space in the supplement and (2) go on record as not having approved any advertiser's services or goods.

This was accomplished by means

of a letter sent to the paper's advertising solicitors by the society. It said: "Although advertising copy will not be subject to the approval of our society, we understand that no news features will be included in the section except those pertaining to the local profession and hospitals."

In addition, a verbal agreement was made with the publisher to ban advertising by unethical firms. A list of potential advertisers was censored by the committee on public education. Those whose standards were deemed below par were removed from the list.

SURGERY BOARD FORMED

THE AMERICAN BOARD OF SURGERY has been organized to certify general as well as specializing surgeons. It is expected to complete certification facilities for the entire field of surgery since it will be responsible for all surgical specialties not already covered by other boards.

Representatives from three national and four sectional surgical societies comprise the board. Term of membership is six years.

Two groups of candidates are eligible for qualification: those who are already recognized as trained specialists, and those who can demonstrate their surgical fitness in examinations to be conducted by the board. The first of these groups, the Founder's Group, will be chosen on invitation by the board from professors of surgery, members of various surgical associations, and doctors who, for the past fifteen years, have practiced surgery exclusively. Applications for membership in this group must be received not

later than January 9, 1939.

Candidates in the examination group must satisfy the following requirements: graduation from an approved American or foreign medical school, one year's general internship, five years of special training in the study of and/or the practice of surgery, evidence of good moral character. Examinations—written and oral—will be held in as many cities as are necessary to accommodate the number of applicants. Reexaminations will be allowed after a lapse of one year.

The fee for Group A, the Founders Group, is \$25; for Group B, \$75. No further fees are required once a candidate is qualified.

The first examination is to be held on September 20, 1937. Inquiries about this examination and requests for information and application blanks should be addressed to J. Stewart Rodman, M.D., secretary of the American Board of Surgery, 225 South Fifteenth Street, Philadelphia.



EDITORIAL

FOG OVER ATLANTIC CITY

WHETHER THE DISJOINTED *remarks of Senator J. Hamilton Lewis at the A.M.A. convention were inspired by the White House is open to conjecture. Whether, despite denials, the administration actually authorized them in an effort to precipitate action or to sound out medical opinion is anyone's guess.*

The fact remains that the incident was so interpreted by a number of the Senator's listeners.

Certainly the gentleman from Illinois gave the distinct impression that he was trying to convey an idea without expressing it in so many words. Otherwise, how explain his labored circuitousness? A lawyer with as much experience as Mr. Lewis has had is able at least to make himself clear.

After absorbing the Senator's talk and scanning the crop of conflicting headlines purporting to summarize economic happenings at the convention, it is small wonder that a good many of the 10,000 physicians who came to Atlantic City went home wondering what it was all about.

The facts are these:

Neither the A.M.A. nor the Medical Society of the State of New York approved health insurance in any form whatever—newspaper scareheads to the contrary.

The real issue at stake was: "Who's going to pay for the care of the medical indigent?" Both the A.M.A. and

the New York society agreed that the cost should be met out of public funds. They did not agree, however, on what "public funds" means.

The A.M.A. declared that the problems of the medical indigent "are problems for local and state consideration primarily, rather than problems of federal responsibility." The New York delegates went a step further, asserting that whereas the cost of treating those unable to pay should be charged up where possible to local and state funds, federal funds should also be made available where necessary.

All told, the A.M.A. approved but three major steps in the direction of a medical reformation: (1) cooperation of organized medicine with federal officials, (2) formulation by the government of a national health plan, and (3) the creation of a federal department of health.

The A.M.A. has been denounced for not taking the initiative in submitting a public health plan for the consideration of the government. Critics have assailed its policy of "passive receptivity." Perhaps the point can be argued from both sides.

One thing is certain: If the A.M.A. chooses to await action in Washington, it assumes the obligation of helping to guide that action, of conferring at every step with government officials, and of bringing to their attention regularly and continuously the views of our profession. That's what we have an association for.

It is not enough to sit back and wait for a "direct request." Cooperation implies constructive action.

Let's have it!

H. Sheridan Balketel

ECONOMICS KEYNOTED



ON THE SAME DAY last month (June 10) that Sinclair Lewis gave Yale his manuscript of "It Can't Happen Here," J. Hamilton Lewis, U. S. Senator from Illinois, told delegates to the A.M.A. convention that federal mobilization and control of medicine were coming "nearer and nearer...every hour...whether you like it or whether you don't."

The house of delegates was shocked. Equally shocked were physicians in general who read Senator Lewis' talk the next day. What the Senator said had been entirely unexpected. It made a particularly deep impression on his listeners since the Senator had come to the meeting as the personal representative of President Roosevelt.

Three days before Senator Lewis addressed the house of delegates, a resolution introduced by the Medical Society of the State of New York had likewise upset the equilibrium of that policy-determining body. Its most important principles were that "the health of the people is a direct concern of government"; that "a national public health policy...should be formulated"; and that the A.M.A. should "create a group which shall formulate the principles and proposals of a national health policy to be submitted to the government."

The New York resolution also

proposed an "extension of public health services," payment for the medical care of the indigent out of public funds, application of public funds toward medical education and research, and a "functional consolidation of all federal health and medical activities under a separate department."

The liberal nature of these suggestions precipitated a series of heated discussions in the house of delegates, which lasted into the early hours of the following two mornings. Finally, on June 9, the house adopted a thoroughly modified version of the resolution introduced by the New York group.

Although A.M.A. officials declared that the spirit of the original resolution had been retained, the fact remains that the parent association had endorsed only three proposals: (1) that its facilities be placed at the disposal of the government, (2) that a national public health policy be formulated [by the government], and (3) that a federal Department of Health be organized, under which all the government's health activities should be coordinated.

To the New York recommendation that the A.M.A. create a special group to formulate a national health policy, the house of delegates proved unreceptive. It replied that it preferred a policy of "passive receptivity," that the initiative in establishing a national health policy should be taken by the govern-

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ment, and that the A.M.A. had sufficient committees already to deal with such matters without creating a special, additional group.

Underwood



SENATOR J. HAMILTON LEWIS
"Hold up here, Mr. Doctor!"

Senator Lewis' appearance before the A.M.A. house of delegates is said to have been suggested by President Roosevelt. However that may be, the Senator telegraphed the officers of the A.M.A. in Atlantic City and asked permission to address them. When the time came

for him to do so, he began his speech by conveying the President's felicitations to the A.M.A. on the occasion of its 88th annual meeting:

"Before I left Washington," he said, "I called the President and told him I was on my way to have a conversation with you gentlemen, and that I would like to deliver from the President of the United States a message coming direct with his authority.

"He said that I was authorized to say to you that he knew something of your meeting and that he had been for some time observing the course of the doctors, necessarily meaning (of course you know what he meant) that he was not far removed from constantly keeping up with the features of the profession, and he wished you success as to your undertaking.

"If I use his exact words, he hoped that you would find a way to cooperate with him in such methods as you would jointly find would be to the service of the helpless and the afflicted, within such province as you felt government should undertake..."

After delivering the President's greetings, Senator Lewis extemporized for over an hour, giving his personal views of what medicine may expect from the government. His words burst like a bombshell among the delegates present. Typical flying fragments: "...we have got to treat you as an officer of the federal government and turn you

CONVENTION HIGH SPOTS

JUNE 7 Medical Society of the State of New York introduces resolution before A.M.A. house of delegates, requesting the association to appoint a committee to originate a national health policy to be submitted to the government.

JUNE 9 A.M.A. house of delegates rejects bulk of New York recommendations; acts favorably, instead, on a resolution favoring passive receptivity to federal initiative and offering the facilities of organized medicine to the government in the solution of medical problems.

JUNE 10 Senator J. Hamilton Lewis, chairman of the Senate Subcommittee on Social Security, addresses A.M.A. house of delegates; warns against "inevitable federalization" of medicine.

JUNE 11 A.M.A. board of trustees meets to consider drafting reply to President Roosevelt's invitation to cooperate.

into being such...we know nothing about a patient; we don't recognize his existence. We recognize only an instrument called a citizen...The doctor [will soon be] a federal auxiliary...you [will] be placed in a position of complete obedience to whatever the law may enforce."

Further excerpts follow:

You have reached a point where the change in all government must attract your attention. If you feel that in preparing the course of this great profession there has entered something of innovation and invasion, I beseech you to realize that there is nothing that is not now undergoing some form of encroachment of those who, because of power, politically dominate the control given by the advantage we speak of as office.

The question for you, doctors, is not whether you like it or whether you don't. The question for you is: "What is to be done about it?" All your past has been that of the doctor and his patient, and that won't do. The patient steps up and says now: "I have voice unto myself. I am the subject of this treatment and I am either to be the beneficiary or the victim of your procedure."

You are going to have a certain set of individuals, thoughtless from my point of view, who are shortly going to demand of you that there be a system of examination and application by the federal government upon every doctor in America to prove his right to be admitted to practice under the federal law, in addition to that which he is now enjoying under his local laws.

And then we will come about to the thing which I am utterly against and wholly abhor but which I tell you is on its way—the designation of a certain class of doctors named by the President, or by some officers of the federal government, who then become a board who are to pass upon their fellow doctors having the right to be admitted to be a practitioner under the federal law.

Naturally, something in you says: "Lewis, you don't really mean that there is an attitude of mind of that kind in the world?" and I am compelled to say to you, "My dear comrades, not only do I mean there is such a prospect, I mean to come here today and tell you it is on you, and you have got to pause to consider it, and I have come to ask your advice."

I helped draw the provision that relates to the doctor. I have been one of those who advocated that you doctors take into your hands the system by which the poor would be cared for, hospitalization provided for and a system of guardianship so securely set up that the individual can be counted on at all times to be taken care of, however poor and unfortunate...

I am compelled to tell you that government is on its way of saying to you, "Hold up here, Mr. Doctor; we are not asking you to do anything about a patient. Where do you get this that we hear about, that we are daring to interfere with your personal relations between you and your patient? We know nothing about a patient; we don't recognize his existence; he is your creation."

We recognize only an instrument called a citizen, who is essential to the welfare of the government. He takes the form of man and woman. You have professed to be able to help him carry on his life. We need his life for usefulness in civil affairs, and in military affairs for the defense of his nation, and now since you assume to take care of the mother of that child that is to come forth, and of the

mother herself that is to help give guidance to it, and the father who must help maintain and sustain it, we are compelled to tell you that we have got to treat you as an officer of the federal government, and turn you into being such, and ask you to consider the subject of yourself as an official of the federal government taking care of the citizen.

Then, since that is the position in which you are going soon to be put, and which every hour you reach nearer and nearer, pardon me if, as a brother professional man [lawyer], I say it is nothing less than absurd for men to come around you and say: "This is an invasion, it ought to be resisted, it ought not to be adopted."

It may be you are right, but it is the policy that seems to possess mankind in his advances all over the world, and since it is up to us to be acted on, Lewis has come down to make this suggestion.

I desire to reverse the situation. An amendment that is now pending I have had hung up on a hook so I could come down and chat with you. I want the position wholly changed. Instead of the government taking charge of directing the doctor as to what is to be done in the matters where his science is of first application, I want the government to place the doctor in a position where he can direct the government.

There are many amendments pending. You gentlemen too well know that the law is not new, and there will be many changes. But the suggestion is that nevertheless you be placed in the position of complete obedience to whatever the law may enforce.

I say I want that the poor and the afflicted, the suddenly injured having no funds, unable to make his private individual contract, shall have a right to summon any doctor all around him, however high, however elevated, without regard to what his elevation is, the quickest, the nearest to him for service.

[TURN THE PAGE]

That doctor at once turns in obedience to the demand, to obedience to the need. This patient is taken charge of at once as if he had been employed as a paying patient. He promptly sees the need of this patient for hospitalization, and the extent to which this patient needs the hospital this doctor has a right, by virtue of the fact that he is now a federal auxiliary, to step into any hospital of any kind and at once have this person attended to according to needs as that doctor sees them.

I want you to offer counsel to us as to what, in justice to your organization, would be the best system to put into effect. It should, primarily, be a system in which doctors would deal with doctors, and secondarily it should provide some means for passing judgment, apart from medical matters, on the character and experience of those who would serve on boards.

In other words, dear gentlemen, it is your principal board in Washington that I am worried about. I want some system which will assure the patient that he is going to be treated by those who know the statue of their services, and that the doctor, too, be protected by his government as one of those citizens and patriots that we are seeking to preserve.

Physicians, you have a great opportunity and great authority. It is for you to say whether this great system of humanity is to be successful or whether you will shrink again out of a sense of modesty, and, not wishing to touch public affairs, allow this project to drift into the hands of those who will use it for political purposes or other purposes that will destroy its

great usefulness.

Senator Lewis explained to the A.M.A. house of delegates that he had addressed them in his capacity as chairman of the Senate Subcommittee on Social Legislation. He made an appeal to the medical profession to lend its aid in the formulation of an amendment of the Social Security Act. This amendment, he said, would provide medical care for those unable to pay for it, and might be expected to be presented at the current session of congress.

The day following Senator Lewis' speech, MEDICAL ECONOMICS made inquiry at the White House to determine the attitude of the Chief Executive with regard to the remarks made by the Illinois senator. At his press conference, Mr. Roosevelt declined to comment on Senator Lewis' talk, stating that he had not read it. He declared that he did not contemplate legislation providing for any form of federalized medicine.

White House officials asserted that the President had done no more than to extend greetings to the American Medical Association through Senator Lewis and to express the hope that medical men would cooperate with him in aiding the helpless and afflicted "within such province as you felt the government should undertake." Any other remarks made by Senator Lewis, it was said, were probably

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made on his own responsibility.

Following Senator Lewis' address, the board of trustees of the A.M.A. prepared an official reply. This was to have been given to Senator Lewis with the request that he transmit it to the White House. Although the text of the reply was not released, it is assumed to have repeated the offer of the A.M.A. to cooperate with the federal government in the solution of medical problems.

Lewis is senior senator from Illinois and democratic whip of the senate, famed for his strawberry-colored beard. He is the first senator from Illinois to succeed himself since 1907. He is a native of Chicago, a lawyer, over 65 years old.

Said to be a conservative at heart, he was first put into the senate through the backing of William Randolph Hearst. Although he is known to be a friend of Roosevelt's, he does not agree with him fundamentally on social problems. He has never been active in the medical field before.

General consensus of opinion in Washington is that Lewis said more than he intended to at the A.M.A. meeting. Several leaders in the medical profession have refused to take his remarks seriously. They declare that the senator allowed his talk to run away with him at times and failed to realize the significance which would be attributed to his remarks. The New York *Herald*

Tribune showed itself to be less sympathetic. An editorial, "Doctor Meets Tiger," in its issue of June 13 concluded as follows:

If Senator Lewis, in his rambling, condescending and often unctuous speech, conveyed anything like the President's sentiments, as he claimed to be doing, he made a not-too-gracious acceptance of the medical profession's supposed surrender of its autonomy to the federal government. He seemed to be warning the doctors that as eleventh-hour penitents, seeking New Deal favor before it was too late, they would shortly be subject to rigid discipline. This is what comes of trying to stroke the tiger's nose. He snaps your hand off at the wrist and then makes a leisurely meal of you.

Evidence that the government is interested in learning the viewpoint of the medical profession and in securing its cooperation may be found in the hitherto unrevealed fact that during March of this year eight physicians met at the White House for a luncheon-conference at the invitation of President Roosevelt. These practitioners attended as individuals, not as representatives of any medical body.

The purpose of the meeting was, apparently, to discuss basic principles and to determine the attitude of the doctors present. Several of those invited were members of the medical advisory committee which aided the American Foundation with its study, "American Medicine

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--Expert Testimony Out of Court" (see May MEDICAL ECONOMICS).

Physicians who attended the President's luncheon deny any connection between it and what transpired last month in Atlantic City. They declare, moreover, that the President made no effort to espouse any particular plan at the time and that he played no part in initiating any proposals or resolutions.

Although the Chief Executive imposed secrecy on those whom he invited to the White House, it has been learned that he told the physicians present that whatever action might be taken in the future would be taken only after he had conferred with Surgeon General Thomas Parran, Jr., of the U. S. Public Health Service. He made a statement to the effect that Dr. Parran's approval was considered essential in any question relating to the medical set-up of the nation.

MEDICAL ECONOMICS was told last month on reliable authority that still another conference with the President is in prospect. "We are now awaiting a call from Washington," a delegate to the A.M.A. house of delegates told a staff reporter. "No doubt a committee of the officers of the A.M.A. will be sent from among us at the President's direct invitation. The purpose of our going will be to modify, if possible, whatever may be threatened."

The text of the principles pre-

sented before the A.M.A. house of delegates by the Medical Society of the State of New York follows:

1. That the health of the people is a direct concern of government and a national public health policy directed toward all groups of the population should be formulated.

(a) In the formulation of such policy the opinions and suggestions of organized medicine should be given preference.

(b) That the house of delegates of the A.M.A. create a group which shall formulate the principles and proposals of a national health policy to be submitted to the government.

2. That adequate medical care is an essential element of public health, and local, state and federal governments need to supplement present efforts of the medical profession to provide it.

(a) That the house of delegates of the A.M.A. establish a working definition of the term "adequate medical care" suitable for the purpose of discussing national legislation and social legislation.

3. That the problem of economic need and the problem of providing adequate medical care are not identical and may require different approaches for their solution.

(a) Principle 3 implies that the problem of providing the individual with the means of securing medical care—that is, the economic needs—and the problem of distributing medical services are not identical; that these problems of economic needs should be approached separately from those of distributing medical services to the people.

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The New York resolution also included the following "proposals":

1. That the first necessary step toward the realization of the above principles is to minimize the risk of illness by increasing preventive efforts through extension of public health services, federal, state and local.

(a) That the extension of federal, state and local preventive health measures is approved, provided it meets the needs of a given situation in the opinion of the medical profession in the locality affected; and provided it integrates to the greatest possible extent the private practitioner of medicine in the development of preventive health services.

2. That the immediate problem is provision of adequate medical care for the medical indigent, the costs to be met from public funds.

3. That public funds should be made available for the support of medical education and for studies, investigations and procedures for maintaining the present high standards of medical practice. This support shall have the majority opinion of organized medicine to recommend it. If this is not provided for, the provision of adequate medical care may prove impossible.

4. The public funds should be available for medical research as essential for high standards of practice in both preventive and curative medicine.

5. That public funds should be made available to hospitals that render service to the medically indigent and for laboratory diagnostic and consultative services.

(a) With the provision that these consultative and laboratory diagnostic services shall be established only in regions where the medical profession approves the need for same and after consultation with the local medical profession in the area affected.

6. That in the allocation of public funds, existing private institutions should be utilized to the largest possi-

ble extent and receive support as long as their service is in accord with the above proposals.

(a) That in so far as the allocation of funds is concerned for these institutions, they should not be made on a pro rata population basis, but should be limited strictly by the needs of given institutions in specified localities; and the allocation should have the approval of the medical profession in the locality in which the institutions are located.

(b) That in the selection of existing institutions to which public funds may be allocated, their rating and their needs shall be measured by the standards of the Council on Medical Education and Hospitals of the A.M.A.; and that no public funds should be made available to existing institutions against and contrary to the majority opinion of the medical profession in the locality in which they exist.

7. That the investigation and planning of the measures proposed and their ultimate direction should be assigned to experts.

(a) It being recommended that the various subdivisions of the A.M.A., namely, its national, state and county components, furnish to the government on request, lists of experts in their communities to carry out these principles and proposals.

(b) That the word "expert" is taken to mean a man especially qualified by experience in his specific field. Nominations of these "experts" should be by units of organized medicine. The nominations and recommendations by organized medicine should be given preferential consideration by government in making its selection.

8. That the adequate administration and supervision of the health functions of the government, as implied in the above proposals necessitates, in our opinion, a functional consolidation of

all federal health and medical activities under a separate department.

9. That we who subscribe to the above principles, proposals and recommendations hold the view that compulsory health insurance does not offer a satisfactory solution on the basis of these principles and proposals and repeat our objections to its enactment in this country.

Therefore, Be It Resolved, That the house of delegates of the A.M.A. endorse the principles, proposals and recommendations just cited; and

Be It Further Resolved, That the house of delegates authorize the formation of a committee which shall, in conformity to the above, formulate a national health policy for submission to the government, and further be empowered to confer with government agencies and also with any other medical groups so that differences in conception definition of terms and applicability of principles and procedure may be ironed out in conference regarding those matters in the above principles and proposals which are of national scope and to the end that they may be enacted.

The report finally adopted by the A.M.A. house of delegates after consideration of the New York resolution stated that:

The American Medical Association is cognizant of the medical needs of the people of the United States; it is genuinely interested in all plans for providing and distributing medical care.

The records, reports, source material and experience of the association are of great value. They are at

the service of agencies contemplating the development and operation of plans for medical care. These factual data, source of material and experience are readily available for use in promoting and protecting the health of the American people.

Your reference committee recommends that the bureaus, councils and committees of the A.M.A. continue their studies of the need for and the methods of distributing medical care, to the end that the American Medical Association shall continue to do everything possible to promote and protect the health of the American people.

The American Medical Association reaffirms its willingness, on receipt of direct request, to cooperate with any governmental or other qualified agency, and to make available the information, observations and results of investigation, together with any facilities of the association.

With reference to the New York proposal that public funds be provided for the medical care of the indigent, the A.M.A. house of delegates report referred to a recommendation made by the board of trustees on the preceding day (June 8). The latter recommendation was quoted thus:

In the past, the medical profession has always been willing to give of its utmost for the care of those unable to pay. The available evidence indicates that today throughout the United States the indigent are being given a high quality of medical care and service.

Nevertheless, the advances of medi-

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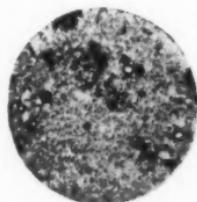
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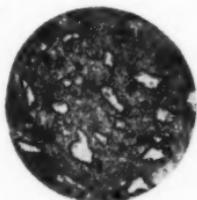
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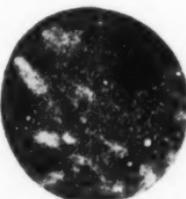
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cal science have created situations in which a group of the population neither wholly indigent nor competent financially find themselves under some circumstances unable to meet the costs of unusual medical procedures.

The board of trustees of the American Medical Association points out the willingness of the medical profession to do its utmost today, as in the past, to provide adequate medical service for all those unable to pay either in whole or in part.

Members of the medical profession, locally and in various states, are ready and willing to consider with other agencies ways and means of meeting service and diagnostic laboratory facilities for all requiring such service and not able to meet the full cost thereof. These are problems for local and state consideration primarily, rather than problems of federal responsibility.

The willingness of the medical profession to adjust its services so as to provide adequate medical care for all the people does not constitute in any sense of the word an endorsement of health insurance, either voluntary or compulsory, as a means of meeting the situation.

Reference was also made to the trustees' recommendation of a national department of health. The latter recommendation read:

Recognizing that committees in the Senate and the House of Representatives of the United States government, and a special committee appointed by the President, are at this time concerning themselves with the reorgani-

zation of government activities with a view to greater efficiency and economy, and recognizing also that the President, in his opening address to Congress, indicated that he would shortly present to Congress recommendations for such reorganization of governmental activities in the executive branches, and recognizing, moreover, the great desirability that all activities of the government having to do with promotion of health and the prevention of disease might with advantage be consolidated in one department and under one head, the board of trustees of the American Medical Association would recommend that such health activities as now exist be so consolidated in a single department which would not, however, be subservient to any charitable, conservatory or other governmental interest.

It has been repeatedly said that public work is the first problem of the state. It is the opinion of the board of trustees that health activities of the government, except those concerned with the military establishments, should not be subservient to any department interests.

This organization and consolidation of medical departments need not under present circumstances involve any expansion or extension of governmental health activities, but should serve actually to consolidate and thus to eliminate such duplications as exist.

It is also the view of the board of trustees that the supervision and direction of such medical or health department should be in the hands of a competently trained physician, experienced in executive administration.

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CO-OP TURMOIL

OKLAHOMA CONTINUES to be a wind center in the storm over socialized medicine. The vortex of the current tornado of medical economics and politics is Socialist Dr. M. Shadid and the Farmers' Union Cooperative Hospital founded by him in Elk City.

The Oklahoma Medical Association has been attempting to have Dr. Shadid's license revoked by the state board. Among other things, it is charged that his cooperative medical enterprise is guilty of advertising and of hiring "steerers" to solicit membership.

After causing one of the most hectic sessions that the Oklahoma legislature has known, a bill favoring cooperative hospitals was finally defeated just as the legislature adjourned its 1937 meeting in May. If passed, the measure would have formally legalized cooperative medical projects, permitting their sponsors to advertise and to canvass for members.

Other faults found by the Oklahoma Medical Association in such schemes include abrogation of the patient's free choice of physician, commercialization of physicians' services, encouragement of state medicine, and general non-conform-

ity with the A.M.A.'s ten principles to control medical service.

In spite of the fact that a legislative move to whitewash Dr. Shadid and his enterprise has been squelched, Oklahoma physicians are not relaxing their vigilance. In back of Dr. Shadid is the Oklahoma Farmers' Union headed by Tom Cheek, a political power who controls enough signatures to round out a petition to initiate another bill similar to the one defeated this year.

Dr. Shadid himself is regarded as something of a Messiah by the struggling Oklahoma farmers whose health is supposed to benefit by his project. And his influence reaches out beyond that. Recently, he was awarded a silver plaque "for distinguished service to the state" as founder of "America's first cooperative hospital." The plaque came to him through Sigma Delta Chi, journalistic fraternity at the University of Oklahoma.

To consolidate its position in staving off the advance of medical co-ops, the Oklahoma State Medical Association has adopted a resolution endorsing group hospital insurance projects. Such plans make no provision for medical or surgical attention, but it is believed that they will at least help Oklahoma's low-income population to get part of their medical care on a prepay basis.

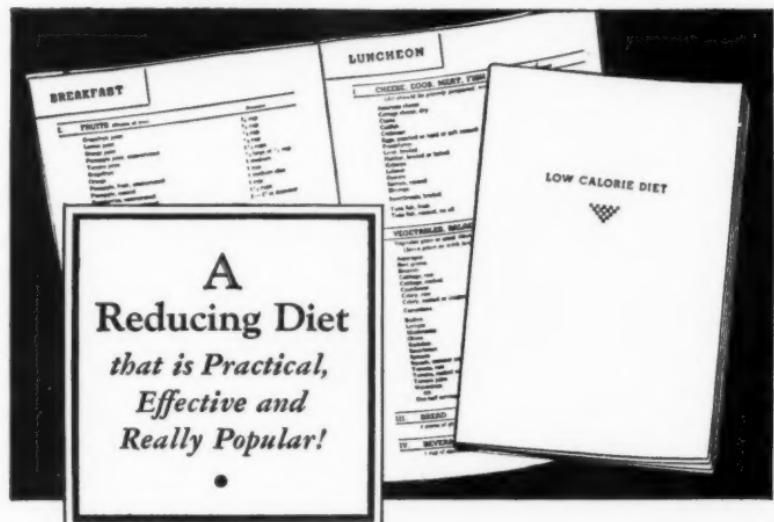


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WHO OWNS THE X-RAY NEGATIVE?

BY CHARLES R. ROSENBERG, JR., LL. B.

"BUT IT'S MINE. I paid for it!"

That, in effect, is the rejoinder made by many a patient when his physician politely but firmly refuses to part with an x-ray negative.

Persistent clients have gone so far as to point out that, under the law, a person who engages a photographer to take a portrait is entitled to the negative. However, the law has also indicated that in its opinion, x-rays are no more in the category of studio portraits than physicians are in the category of commercial photographers.

In a ruling, so excellent in its clarity and terseness as to warrant quoting at length, the Supreme Court of Michigan has settled the question of the ownership of x-ray negatives as follows:

"In the absence of agreement to the contrary, such negatives are the property of the physician or surgeon who has made them incident to treating a patient. It is a matter of common knowledge that x-ray negatives are practically meaningless to the ordinary layman. But their retention by the physician or surgeon constitutes an important part of his clinical record in the particular case. In the aggregate, these negatives may embody and preserve much of value

incident to a physician's or surgeon's experience. They are as much a part of the history of the case as any other case record made..."

"In a sense x-ray negatives differ little, if at all, from microscopic slides of tissue made in the course of diagnosis or treating a patient. It would hardly be claimed that such slides are the property of the patient.

"Also, in the event of a malpractice suit against a physician or surgeon, the x-ray negatives which he has caused to be taken and preserved... might often constitute the unimpeachable evidence which would fully justify the treatment of which the patient was complaining..."

"There is every good reason for holding that x-rays are the property of the physician or surgeon rather than of the patient or party who employed such physician or surgeon, notwithstanding the cost of taking the x-rays was charged... as a part of the professional service rendered."¹

The case which inspired that ruling was tried a little over two years ago and, as far as a thorough search of the records shows, the question of ownership of x-ray negatives has

¹McGarry vs. J. A. Mercier Company, 262 Northwestern Reporter, 296.

never before come before an appellate court.

There is every reason to believe that the Michigan decision establishes a precedent which will have a strong persuasive influence on the courts of other states.

Several factors not apparent in the ruling itself must have guided the court in making its decision. They are worth keeping in mind. Repeat them the next time you refuse to let a patient keep the picture of his once-shattered femur or diseased lung:

Since x-rays constitute a valuable record, they deserve the handling which you, not the patient, can give them. They must be filed in such a way as to protect them from fire, moisture, and dust, and in such order as to insure ready reference.

To a physician, x-ray negatives offer an opportunity to compare one with another portraying a similar disorder. Added knowledge thus gained may aid the diagnosis and treatment of the case under consideration.

Obviously, x-rays may be of extreme value if, later on, a consultation is found necessary.

In damage suits x-rays may play a feature role in winning the case for a patient. Therefore, it is important that the doctor keep them so that they may be readily available as evidence in support of a patient's claim.

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FIRST MEDICAL SOCIETY

A FULL DECADE before the Declaration of Independence was signed a group of doctors gathered at "Mr. Duff's" inn at New Brunswick, New Jersey to found the first unit of organized medicine in this country. The date—July 23, 1766—is as significant to the American profession as the Fourth of July is to Americans in general.

Thanks to the efforts of Dr. Stephen Wickes, president of the New Jersey State Society in 1883, who rendered yeoman service in unearthing the history of his society, it is evident that medical economics concerned the profession as deeply in the 18th century as it does now.

Data gathered and compiled by Dr. Wickes reveal that the first item of business at the first formal meeting of the Medical Society of New Jersey concerned the adoption of fee lists. Minutes of the society's second meeting (November 4, 1766) state that the fee list which had been adopted "had brought the society into disrepute with many persons who esteem it as an unjust scheme invented by the society to bring the inhabitants to terms." Members at the meeting engaged in a hot debate over a resolution permitting them to charge whatever

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Its clinical applications are many: For irrigation of the kidney pelvis, bladder, vagina and colon; for topical application to the cervix, vagina and external genitalia; as a wet dressing for pyogenic infections after establishing free drainage; as wet dressings in the treatment of cuts, abrasions, burns, scalds and other open wounds; in the treatment of inflamed, irritated or infected conditions of the ear, nose and throat by topical application, spray or irrigation.

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they pleased. At length, however, the resolution was adopted.

Following are some of the 130 items on the society's fee list:

An ordinary call (up to a mile and a half from town)	\$.24
Each mile additional.....	.16
First dressing of wound, including salve	1.20
Each succeeding dressing32
Amputating an arm.....	10.00
Childbirth, normal	5.00
Childbirth, abnormal	10.00
Fracture of leg and after-care	6.50

Publicity and legislation also demanded the attention of the pioneer medical society. At its second meeting the following was recorded:

"Some evil-minded person has thrown an odium on the proceedings of the Society, tending to prejudice the minds of the inhabitants against so laudable an Institution. It was therefore voted to take into consideration the necessity of justifying the proceedings of the Society by inserting the Con-

stitutional Laws in the public print, that thereby a general clamor may be prevented and that judicious and well-disposed persons may have an opportunity to assert and indicate the propriety of the scheme and the legislature induced to favor it."

At the society's November meeting in 1768 a committee was appointed to prepare a petition "to be presented to the General Assembly to obtain a law to regulate the practice of medicine." A year later the committee reported that the law had been introduced in the assembly. In another twelve months the committee had to report its inability to get the bill legislated because of "counter petitions."

Not until 1772—four years after the request for such a law was first made—did the general assembly of New Jersey get around to enacting legislation "for the regulation of the practice of physic and medicine."

MARCH OF SCIENCE

MORE THAN 10,000 physicians poured into the 88th annual meeting last month of the American Medical Association. About 300 scientific papers claimed their attention, as well as some 200 scientific exhibits and as many commercial displays.

Not a few papers carried non-scientific implications which were received with as much interest as was their scientific content.

A plea for an increase in the quantity and quality of annual physical examinations of school

children was made by Dr. Ralph M. Tyson, of Philadelphia. Every school child in the country must be subjected to tuberculin testing, he said, if tuberculosis is to be eradicated. Those who show a positive reaction, he added, should have serial x-ray studies.

The American College of Chest Physicians (meeting in conjunction with the A.M.A.) supported Dr. Tyson with a formal recommendation that his suggestions be carried out. Discussion of this subject brought out the fact that an annual tuberculosis check-up of all local school children has already been scheduled for Detroit. The Michigan auto center has appropriated \$1,000,000 to carry out its anti-tuberculosis program for the next five years.

Severe reactions which often follow scarlet fever inoculation may be a thing of the past, said Drs. Richard A. Kern, Jean Crump, and Rudolf L. Roddy, of Philadelphia. They have developed a new technic which, it is said, does away with the pain and sickness experienced by so many patients after being inoculated in the currently accepted manner.

Ways and means of reducing the toll taken by automobile accidents were highlighted in at least two instances:

1. An optical test done with a recently perfected instrument is

claimed to have revealed that 10% of those who drive at night suffer some degree of serious blindness in spite of the fact that their eyes function perfectly in the daylight. The new device ascertains a person's lack of visual purple.

Federal officials and traffic authorities in Pennsylvania and New Jersey have asked to be supplied with visual-purple-measuring instruments as soon as they are available (at present only two are in existence). They plan to test drivers of public vehicles.

2. The A.M.A. committee on motor accidents (appointed at last year's meeting) proposed in its report to the house of delegates that standard drivers' licenses be required in all states. It added that the legislative committees of each state medical society should work toward that end.

A certain amount of skepticism on the part of several outstanding neurologists greeted a paper by Drs. James W. Watts and Walter Freeman—"Psycho-surgery: Effect on Certain Mental Symptoms of Surgical Interruption in the Frontal Lobe."

The paper described the results of prefrontal lobotomy as follows: "After cutting the pathways in the prefrontal area, there was a disappearance or reduction of tension, apprehension, anxiety, depression, and agitation, in all but two [out



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especially prepared for treatment of all mucous membranes. In powder form, MU-COL does not deteriorate. Used by many physicians for over 30 years. Especially valuable to the gynecologist as it is non-poisonous, non-corrosive and has no offensive odor; physicians' instructions are willingly followed by the patient. For samples sufficient for 6 qts. MU-COL solution, return coupon with card or letterhead.

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of twenty] cases... Ten of the twelve patients having ideas of suicide before the operation no longer consider self-destruction. Crying spells have ceased in six out of nine patients. Hallucinations have gradually cleared up in the seven patients who had them." One of the twenty patients died several months after the operation; another, within six days.

Insulin may have an ally in a new hormone, lipocaic, according to Drs. Lester R. Dragstedt and John Van Prohaska, of the University of Chicago. Lipocaic is derived from the pancreas. Research by Drs. Dragstedt and Prohaska reveals that it controls the body's use of fat.

Adapting a basic principle used in the sound detectors with which an army locates enemy airplanes, a device has been perfected which is called the symballophone. The instrument, a refinement of the stethoscope, was described at the convention by its inventors, Drs. W. J. Kerr and A. M. Bassett. Two microphones, one for each ear, can be adjusted independently, making it possible to determine the exact location of the source of a sound. It is expected that the new stethoscope will enable physicians to

make more specific studies of cardiac and respiratory maladjustments, and of "pre-natal broadcasts" of fetuses.

Elections

Dr. John H. J. Upham, of Columbus, Ohio, succeeded Dr. Charles Gordon Heyd, of New York City, as president of the American Medical Association. Dr. Irvin Abell, of Louisville, Kentucky, was selected unanimously as president-elect of the association. Dr. Junius B. Harris, of Sacramento, California, was elected vice-president; and Dr. Nathan B. Van Etten, of New York City, was re-elected speaker of the house of delegates.

The 1938 A.M.A. convention will be held in San Francisco.

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BIRTH CONTROL REPORT

AFTER SIDESTEPPING the birth control problem for years, the American Medical Association met it last month head on. In Atlantic City, on the second day of the association's 88th annual convention, the house of delegates approved the report of a committee appointed two years ago to study contraceptive practices.

Key resolutions in the report were that (1) the A.M.A. investigate the various forms of contraception with a view to disseminating information on the subject to the profession, and (2) that the association promote the teaching of contraceptive methods in American medical schools.

This development represents another milestone in the course of American medicine. So far during the present century, and even before that, attempts to secure official recognition for birth control have failed completely. Contraception has met with continuous opposition from religious and other groups.

Resolutions sponsored by delegates and organizations were frequently presented before the A.M.A. However, these resolutions were invariably relegated to reference committees and never reported on.

In 1935, responding to unprecedented pressure, the A.M.A. board of trustees authorized a special committee to investigate contraceptive practices. Last year a progress report was issued; this year, the committee's final recommendations.

In admitting birth control to medical orthodoxy, the A.M.A. has decided to publish regularly in the *Journal* reports of investigations of contraceptive devices. The association will also undertake to advise physicians regarding their legal rights in the use and prescription of contraceptives.

Recommendations of the committee on birth control which received approval are:

That the American Medical Association take such action as may be necessary to make clear to physicians their legal rights in relation to the use of contraceptives.

That the American Medical Association undertake the investigation of materials, devices and methods recommended or employed for the prevention of conception, with a view to determining physiologic, chemical, and biologic properties and effects, and that the results of such investigations be published for the information of the medical profession.

That the Council on Medical Education and Hospitals of the American Medical Association be requested to promote thorough instruction in our medical schools with respect to the various factors pertaining to fertility and sterility, due attention being paid to their positive as well as to their negative aspects.

The birth control committee was composed of the following physicians: Carl Henry Davis of Milwaukee, chairman; George W. Kosmak, New York; W. A. Coventry, Duluth, Minn.; Richard J. O'Shea, Seattle, Wash.; John Rock, Boston; Willard Richardson Cooke, Galveston, Texas; E. D. Plass, Iowa City, Iowa; James R. Bloss, Huntington, W. Va., and W. C. Woodward, Chicago.

[TURN THE PAGE]

The report of the committee, it was pointed out, "is limited to a consideration of the prevention of conception only as it refers to the relation of physician and patient."

"Information concerning contraception," the report says, "is admittedly available to persons in favorable economic circumstances. There appears to be no law to prevent physicians who work in dispensaries from furnishing patients there with any information that may lawfully be furnished to patients in any other economic group. In all cases the legal justification is the medical need of the patient."

The report adds that:

All dispensaries, clinics and similar establishments where information and advice concerning the prevention of conception are given to the public should be under legal licensure and supervision and under medical control.

In view of the frequent occurrence of medical indications for the prevention of conception, and in view of the medical complications that arise from ill-advised contraceptive practices resorted to by women on their own initiative and without medical advice, which call for medical care, medical students should, in the opinion of your committee, be instructed fully concerning fertility and sterility and

taught the clinical considerations and therapeutic application of contraceptive methods.

It is recognized that voluntary family limitation is dependent largely on the judgment and wishes of individual parents. The intelligent, voluntary spacing of pregnancies may be desirable for the health and general well being of mothers and children. This raises the question of how many pregnancies are biologically desirable and physically safe, and of the best practical means for determining the proper interval between them.

No arbitrary interval can be stated. A variety of factors must be considered, including the patient's general health, the character of the previous pregnancies and labors and of recovery from their effects, and the incidence of intercurrent illness. Your committee reiterates the opinion, expressed in its first report, that each case must be determined by the individual judgments of parents and physician, based on the conditions present.

In its first report your committee stated that it had been unable to find evidence that existing laws, Federal or State, had interfered with any medical advice which a physician felt called on to furnish his patients.

This view has been supported by the recent decision of the United States Circuit Court of Appeals, Second Circuit, Dec. 7, 1936, in U. S. vs. One Package, in which it was held

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Never

KICK YOURSELF!

Sure—it's a kick in the pants to you to be asked by a patient what he owes, and for you not to know—yet!

But never kick yourself! Remove the cause. It "can't happen" with the McCaskey on the job.

With McCaskey—one place to look on the instant, and IT'S THERE.

In your active case records, if an active case; in your open account section if a closed case.

Know how McCaskey System for Physicians blocks this kick in the pants for you. Write to:

THE McCASKEY REGISTER COMPANY
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that a statute the words of which forbade absolutely the importation of articles for the prevention of conception was not designed to prevent the importation of things which might intelligently be employed by conscientious and competent physicians to save life or to promote the well-being of patients.

Although the statutes in force in the several States that forbid the dissemination of information concerning methods for the prevention of conception do not in express terms exempt physicians from their operation, it seems fair nevertheless to assume that the State courts, if called on to construe them, will adopt lines of reasoning similar to those followed in the case cited and in other cases decided by United States courts, leaving physicians free to give information concerning contraception when required to meet the medical needs of patients.

To supplement the committee's official report and to urge prompt action, the American Neurological Association, represented by Dr. Hans H. Reese, of Madison, Wisconsin, presented the following resolution before the A.M.A. house of delegates:

Your committee on contraception, recognizing the important advance that has been made in the physician's

use of contraceptives, by the decision of the United States Circuit Court of Appeals, desires to present the following resolution:

Whereas, because the aforesaid decision of the United States Circuit Court of Appeals has handed down to the medical profession a bill of rights in the field of contraceptive medicine and because the decision marks the termination of a struggle begun in 1873 to make clear that the Federal Obscenity Laws do not apply to the legitimate activities of the physician, and that he may now prescribe a contraceptive in the interest of life and health.

Therefore be it resolved, That the American Neurological Association urge the American Medical Association again to consider seriously the inroads that are being made on the prestige of organized medicine by the rapid advance of popular thought in the matter of social medical science, as evinced by the success of lay organizations in carrying out their program for greater freedom in the matter of contraception.

It has come to the pass at which the road for medical advance is blazed by laymen, assisted by the law. Unless organized medicine is directed by far-seeing and free-thinking leaders, untrammeled by the aged and antiquated fetters of sophism, it will most certainly come to pass that organized medicine will in the not-distant future

You can rely on VIM Square Hub NEEDLES

- to always be sharp, keen, ready to use;
- to be free from danger of rust, clogging;
- to be impervious to most acids, reagents;
- to be made from Firth-Brearley Stainless Steel;
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Order VIM Needles from your Dealer—
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WORLD'S LARGEST
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These three facts make certain that every Camp Support is not only designed according to the most authoritative medical and surgical research but also fitted with scientific accuracy. When you prescribe a Camp Anatomical Support you may be confident that your instructions will be carefully executed by an expert surgical fitter trained by the Camp organization. Today, as for more than a quarter of a century, it is important that your patients insist upon this authorized Camp Service and accept no substitutes for Camp Supports.

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World's largest manufacturers of surgical supports



come entirely under the control of lay and legal administration, assisted by their political allies.

The American Medical Association is further urged to take up at once the matter of proper teaching of contraception at the medical schools and the organization of medically supervised contraceptive clinics in the hospitals. The time has passed for discussion and debate. The fact remains that the physician is now free to use contraceptives in his practice and should be educated in their use.

At high noon on the fourth day of the A.M.A. convention, Catholic delegates assembled at a mass meeting in a building opposite the convention hall in order to organize a Legion of Decency protesting the action of the A.M.A. in sanctioning contraception.

The Rev. Ignatius Wylie Cox, S. J., national moderator of the Federation of Catholic Physicians' Guilds, who addressed the gathering, charged the A.M.A. with paganism. Said he:

The action of the American Medical Association marks a still further advance of the popular and pagan ideology with regard to life in its source and all its phases which has brought about a world situation reconcilable neither with reason nor common sense.

This action is closely connected with a long denial of a truly living wage and of social justice in our present economic order.

Those who advocate contraception with honeyed and humanitarian phraseology have a philosophy which in its cynical disregard of the dignity of human life is equivalent to the philosophy which accounts for the massacres of history. Immoral and unscientific sterilization and perhaps euthanasia for mental deficient and the insane are further steps in the program of this philosophy which would reduce human existence to the level of irrational animals.

The attempt to liquidate the Christian as opposed to the pagan ideal of life has penetrated to all parts of the world. Here in America there will be a showdown fight in the near future on that same issue. The Catholic Church as an organized international force for the protection of human life in the biological and medical fields, as well as in the economic and political ones, calls on all believers in God and in the fundamentals of a rational moral order to aid her in this fight against the enemies of human life and its essential dignity.

President of the National Federation of Catholic Physicians' Guilds is Dr. Joseph A. Dillon, of New York City.

"My little girl eats them like candy"

says a New York physician.

A 6 grain tablet of sodium bicarbonate and aromatics so palatable the patient doesn't know he is taking soda—does know he receives almost instant relief.



SEND FOR SAMPLES

HOLLINGS-SMITH CO.
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Sample Carbex Bell, please.

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This month 35,000,000 women
will be told "SEE YOUR DOCTOR"



An analysis of mortality rates in artificially fed and breast fed infants, presented by Woodbury in 1926, proved that artificial feeding . . . as actually practiced in typical city populations, was associated with a mortality between three and four times as high as the mortality among breast-fed infants. You know better than we do how many of these cases are the result of unclean nursing bottles. That is why we are using magazines of 35,000,000 circulation to tell women to "ask their doctor" about nursing bottles and nipples.

The wide mouth Hygeia Bottle does make cleaning easy and safe. Eliminates funnels. The tab on the breast-shaped nipple guards against fingers touching the sterilized surface.

A new ridge at the base of the nipple acts as a capillary valve, permitting air to enter the bottle. This prevents nipple collapse and allows uninterrupted feedings. We want you to know the facts about Hygeia.

Hygeia
NURSING BOTTLE AND NIPPLE

Kellogg's ALL-BRAN furnishes iron for the blood



Two tablespoonfuls (14 grams) contain about as much iron as is found in these common foods:



One egg (51 grams)



A serving of spinach (43 grams)



Or four slices of whole wheat bread (91 grams)

IRON is one of the important elements of the blood. Laboratory analyses show that Kellogg's ALL-BRAN is an excellent source of iron, in easily available form. It contributes a substantial amount of the iron needed daily.

This laxative cereal also furnishes vitamin B, which helps to maintain the muscular tone

of the intestines. And ALL-BRAN also supplies generous "bulk." Within the body, ALL-BRAN absorbs twice its weight in water, and cleanses the system.

ALL-BRAN may be served as a cereal with milk or fruits, or cooked into recipes. Sold by all grocers. Made by Kellogg in Battle Creek.

INVESTORS' CLINIC

BY FRANK H. McCONNELL

DOG DAYS for the stock market are blue days for Wall Street. Whenever trading activity falls off, brokerage houses begin to fret about their high cost of doing business and wonder how much money they stand to lose.

That's what they've been doing lately.

Yet sentiment can, and often does, change rapidly. Cheer may succeed gloom almost overnight. It looks now as though the market will have perked up considerably by the time this article appears in print. There are several reasons why:

First, market operators have been alarmed by rumors that Washington may revalue the dollar in a manner that would knock down security prices. But Washington indicates that, for the time being at least, it has no such intention.

Much recent selling has been caused by the belief that Congress will continue its program of lavish spending. However, Congress is more interested now in trimming expenses than it has been for four years.

Investors have been worrying about the future policy of the government with respect to the electric power companies. They have inclined toward the belief that millions more would be spent to put the government into competition

with privately owned utilities. As it happens, nothing of this nature will be done at present.

While business has dropped off to some extent, it still continues better than many people expected it would be. And, in the long run, of course, business makes the market.

Finally, fear of labor disturbances is becoming less acute. This does not presuppose a cessation of strikes—merely that they will decline rather than increase in severity.

For the reasons cited, it is still better policy to retain good securities than to dump them on the market. It pays to buy when the other fellow wants to sell.

Heart Throbs in Color

In previous issues, reference has been made to the rise in motion picture box-office receipts. This continues. The movies are still making money, and film executives anticipate important new developments which will further stimulate public interest.

The next big step will be the production of major motion pictures in color—a process which has been limited for the most part to travelogues, film cartoons, and short specialties. If contemplated color films go over, the entire industry is expected to turn to color photography. The development may prove

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*Value of
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Pure East Indian Sandalwood oil—prime ingredient in Gonosan—is the rock upon which urologists have long founded their oral treatment of gonorrhea. "Sandalwood oil, especially, works wonders in some cases"—G. Luys, *Text-book on Gonorrhea*: "...the results confirm oil of santal as more useful than many others"—R. D. Herrold, Jour. A.M.A. "Sandalwood oil is often an exceedingly valuable remedy"—H. McClure Young, *Urol. & Cut. Rev.*

GONOSAN

"RIEDEL"

is 80% purest East Indian Sandalwood oil and 20% Kava-Kava resins, a combination which has long proved the safe and efficient oral treatment of gonorrhea. Positive chemical purity assures freedom from untoward by-effects.



TO PHYSICIANS

Send for free pad of "General and Dietary Instructions" for patients given at time of treatment. These instructions insure cooperation of patients in carrying out professional advice.

RIEDEL & CO., Inc.

BERRY AND SO. FIFTH ST., BROOKLYN, N.Y.

as spectacular as the first talkie, "The Jazz Singer," which lifted the movies out of the doldrums.

An investment in the shares of the stronger motion picture companies seems well justified.

A Strong Team

In last month's study of inflation and of industries which should benefit from inflation, mention was made of both the copper and chemical groups. Since that time, demand for copper and chemicals has been strong and will probably continue strong for the remainder of the summer.

Ordinarily, companies in these two fields experience a seasonal let-down at this time of year. But, apparently, the hot days of 1937 will be an exception.

There is every indication that these industries will benefit in the event of inflation. And, even without inflation, they ought to make money. Purchases are advised.

Avoid Motors and Steels

Some time ago this column cautioned against buying shares in the automobile and steel industries. Danger was foreseen in the Lewis-controlled CIO. Since then, both industries have been made a testing ground for this important struggle.

Admitting that this conflict will eventually be settled, it is certain to leave battle scars on these two major businesses. This is not the time to augment holdings of motor and steel shares.

Watch the South

A Southern railroad man who visited Wall Street recently predicted: "The South took the textile busi-

Before any Anaesthesia Safeguard with BiSoDol

Regardless of the type of anaesthesia,
the pre-operative administration of al-
kalies is an effective preventative to
post-operative acidosis and nausea.

"Acidosis is one of the most common
pathological states—indeed more
common than fever."

BiSoDol is a palatable preparation
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in powder or tablet form.

Write for samples and literature.

The BiSoDol Company
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ness from New England. Now it plans to win the paper-making business from Canada."

And there is reason to believe the South may succeed.

In the important industrial area of Piedmont, North Carolina, Southern manufacturers have learned that an excellent quality of paper can be made from the wood pulp of Southern pine. Heretofore, this tree has been considered of little value except for the manufacture of lumber—and not a good lumber at that. But today Southern pine is gaining in popularity, and the South is confident that it will become a source of a new major American industry.

This year, it is stated on good authority, fifteen new paper mills will be built South of the Mason-Dixon Line. Labor costs there are comparatively low; the region is within 600 miles of the important paper-consuming centers; and—for the first time since the Civil War—Southern industrialists will have had for eight consecutive years a friendly Congress in control of national governmental policies.

Great care must be used to select shares of Southern paper companies that are sound. However,

enough strong companies are now in the field to choose from. Commitments should be modest.

The "Death Clause"

Old-timers in Wall Street who remember when Theodore Roosevelt's "big stick" cracked down on the original Standard Oil Company, forcing it to dismember into a family of "little" Standard Oil Companies, are now wondering if the same thing may not happen to some of the present day public utility companies.

Under the Public Utility Act of 1935, certain types of utility holding companies were ordered to dissolve; to sell units under their control which are far afield from the concern's principal properties; and, in general, to do a job of house-cleaning by way of simplifying their corporate organizations so the average investor would know what he was buying when he acquired shares of such companies.

When the major power companies comply with this law there is bound to be a lot of "horse-trading." A company which provides service in the Midwest will be obliged to trade or sell the small electric light unit which it owns in Pennsylvania. [TURN THE PAGE]



ON THE TREATMENT OF

—none failed to clear
—not one recurrence

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Literature
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"—and in the entire year I have not had a single case of furunculosis that has not cleared up entirely under the use of this medication, and not a single case has had a recurrence, to the best of my knowledge."—Name on request.

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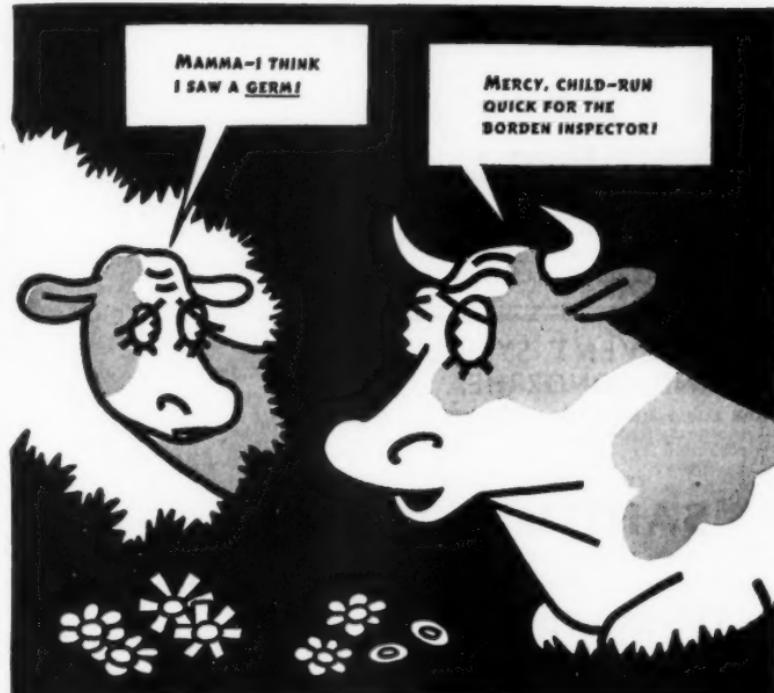
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ACTUALLY—there are numerous inspectors and veterinarians on the Borden payroll who do nothing but hunt for trouble. It sounds strenuous, and is—for Borden rules are very strict.

It is this extra care all along the line that accounts for the unvarying quality of Borden's Irradiated Evaporated Milk. It is made, always, from pure full-cream milk—as fine as the country can produce.



Thousands of Doctors Write "BORDEN'S"

when prescribing irradiated evaporated milk for infants. Doctors know, as many mothers do not, the extra safeguards that surround all Borden products. Borden's Evaporated Milk was accepted in 1930 by the American Medical Association Committee on Foods.

If you are not familiar with the brand name under which Borden's Evaporated Milk is sold in your locality, write The Borden Company, 350 Madison Ave., New York City, for particulars.



RHEUMATISM—SALICYLATES

Combined with other efficacious drugs in standardized proportions—

Tongaline

is advantageous to the rheumatic patient.

Write for details and samples.

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TO PREVENT SYPHILIS AND GONORRHEA

The anti-venereal disease campaign is on. Use only the laboratory tested SANITUBE—prescribed by physicians for 25 years.

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"See the name on every tube"

Free samples and literature on request

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NEWPORT

R. I.

"Well, Doctor, you certainly are
keeping up-to-date"



Bring your office up to date with a new Castle Sterilizer—the biggest equipment for the least money. Remember it is CAST IN BRONZE and completely "Full-Automatic". Write Wilmot Castle Co., 1143 University Ave., Rochester, N. Y.

CASTLE STERILIZERS

50 Years of Quality Leadership

As a result, many people will want to speculate. They will feel that some managements are shrewder than others, and that they will get the better of this "horse-swapping" just as David Harum did. Some speculators, no doubt, will win big profits; more, however, will be losers.

For physicians, business men, and other financial laymen alike, the best advice is: Don't buy public utility shares unless you know for a certainty that the company you are interested in will not be hurt during the process of adjustment. In this case, safety is the best policy.

SYphilis Rouses Laity

A TIDAL WAVE of public indignation against syphilis has been recorded by the American Institute of Public Opinion in a recent nation-wide survey. Ninety-two per cent of those interviewed declared that a pre-nuptial Wassermann should be as compulsory as a marriage license. Nine out of ten approved government bureaus and clinics giving information and free treatments. Seventy-nine per cent favored the \$25,000,000 bill of the U. S. Public Health Service aimed at the control of venereal diseases through early diagnosis and treatment.

All the voters were willing to discuss syphilis—until recently the world's most hush-hush disease.

Connecticut is the only state which requires negative Wassermanns before a wedding. But simi-

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- Abstracts from published reports of scientific nutritional research conducted in independent and university laboratories by hundreds of investigators studying human food essential requirements and the nutritive contents of specific canned foods.

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lar bills are pending in Illinois, Iowa, Pennsylvania, Rhode Island, Kansas, and Wisconsin. In seven other states bills have been introduced requiring at least a doctor's certificate before issuance of a marriage license (Oklahoma, Oregon, California, New Mexico, West Virginia, Utah, and South Carolina).

Dr. J. Lynn Mahaffey, New Jersey's state health director, believes that imitation of Connecticut's law would be the sincerest form of prophylaxis. He told delegates at a recent state-wide conference on the control of venereal diseases that such a bill has already been drawn and merely awaits a sponsor to steer it through the state legislature.

Delegates to the New Jersey conference were astounded at statistics furnished by Dr. R. A. Vonderlehr, assistant surgeon general of the U. S. Public Health Service. Syphilis, he declared, could be controlled in this country within two or three generations if half as much money were spent to stamp it out as is spent to combat tuberculosis. Most cities, Dr. Vonderlehr said, spend between fifty and sixty cents per capita to fight tuberculosis, whereas only six states spend as much as one red cent per capita for syphilis control.

Just across the Hudson River, Dr. Vonderlehr's chief, Surgeon General Thomas Parran, Jr., was barraging the Maternity Center Association of New York City with more statistics. Since one out of every sixty babies is born with syphilis, he said, blood tests before marriage should be made compulsory throughout the country.

Not a whit affected by the surgeon general's speech, the New Hampshire legislature has given a blood-test bill a rough ride. Passed by the house after considerable opposition, the measure went to the senate. Without approving it, the senate sent the bill to a committee. An informal poll shows that the measure's chances of passing are almost as slim as the spirochete itself.

Active immunity against Dr. Parran's advice has also been evinced by the house of delegates of the Medical Society of the State of New York. Members have shelved a compulsory blood test proposal presented by Dr. Emily Barringer, only woman member of the house, on the grounds that it implies inadequate knowledge on which to base compulsory legislation. The proposal has been referred to a committee for further study.

WEAK OR FALLEN ARCHES

Weak or fallen arches often produce symptoms remote from the feet, such as backaches, bodily fatigue, rheumatoid pains in the legs, etc. Muscular and ligamentous strain causing these conditions is relieved and corrected by Dr. Scholl's Arch Supports. They are scientifically designed for all types of foot arch troubles and easily adjusted as the condition improves, until the feet are restored to normal.

Expertly fitted and adjusted at leading

Shoe and Dept. stores and at Dr. Scholl's Foot Comfort Shops in many principal cities.

Priced \$1.00 to \$10.00 pair.

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I wouldn't advocate a closed mind—and yet . . .

The ALKALOL COMPANY, Taunton, Mass.
I have used the sample of ALKALOL as checked
in the chart below. Request a more liberal sample for
personal use.

Dr. [REDACTED]
Address [REDACTED]

Among the many uses of ALKALOL

Ears	Cleansing, soothing.
Eyes	Very soothing—even in infants' eyes after silver treatment.
Nose	Widely used as douche or spray in coryza, rhinitis, hay-fever, or any nasal affection.
Throat	Immediate relief, sores, "tickling," coughing.
Mouth Teeth*	Dentists endorse it.
Burns, Bites Bruised Brow Hemorrhoids Varicose Ulcers	Kept in contact by means of saturated cotton or gauze, is a pleasant surprise to physician and patient.
Bladder	For irrigation—soothing, pus and mucus solvent.
Diabetic Lesions	Relieves irritation.
	Many other indications will suggest themselves. Remember, ALKALOL'S "self-healing" action is a tissue builder. It never irritates.

We will appreciate your comments

I have used gallons of
Alkalol and have never
found anything better, in
fact, I don't even look
for something better.

Well, Doctor, you might find something to take Alkalol's place, but to my knowledge, you couldn't find anything with a finer record of service to the medical profession. The reasons for Alkalol's success are these—

ALKALOL AVOIDS ADDITIONAL IRRITATIONS

Nasal or oral cleanliness is no problem when Alkalol is used, for Alkalol is a pus and mucus solvent, allays irritation, reduces congestion and has a pleasant refreshing taste and odor. Different from the germicides so much exploited for oral hygiene, Alkalol can be used full strength in eye, ear, nose, wounds or burns, rash or irritation.

Let me tell you what physicians have written for many years about Alkalol in absolutely *unsolicited* testimonials—"Wonderful success with Alkalol in treating and preventing head-colds" . . . "Results amazing" . . . "Wonderful in the treating of inflammation anywhere" . . . "Patients find it comforting and soothing" . . . "It has been my winter stand-by for 15 years" . . . "It fills your statements beyond a doubt" . . . "Finest nasal douche I ever used" . . . "Very efficacious in treating head-colds" . . . "Perfect for treating irritations of the mucous-membrane" . . .

SIMPLE TEST TELLS VOLUMES

Let me send you a free eye-dropper bottle of Alkalol. Then try it in your own eyes. Alkalol has such a wonderful soothing,

healing action on the delicate membrane of the eye that it has been used for years to clear the eyes of infants after silver treatment.

Doesn't it stand to reason, Doctor, that if Alkalol has been so successful in treating such a supersensitive organ as the eye that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc.?

Please remember that Alkalol is a delicate product and should not be dispensed from opened containers. Prescribe Alkalol in original 8 or 16 ounce bottles.

Your card or letterhead will bring
a FREE SAMPLE of Alkalol.

(Signed)



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It's palatable

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TREATMENT FOR
GENITO-URINARY
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CYSTODYNE (TYREE)

ALL of the advantages of a well balanced and carefully compounded prescription of the tested and effective genito-urinary sedatives and antiseptics are found in Cystodyne—and in addition it is pleasant-tasting. This is a valuable factor in the treatment of stubborn cases—where long continued everyday use tends to become unbearable to the patient if the medicine is disagreeable. Your patients will not rebel against Cystodyne and you can continue treatment as long as is necessary to clear up even the most stubborn cases.

FORMULA:

Hexamethyleneimine, Buchu, Uva Ursi, Pareira Brava, Hops, Hyoscyamus, Acetate of Potash, Spirit of Ethyl Nitrite.

DOSAGE:

One dessertspoonful in water t.i.d. before meals.

SUPPLIED:

In 4 oz. and 10 oz. prescription bottles.

ADVANTAGES OF CYSTODYNE

- (1) It provides prompt relief from pain.
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Samples for trial in your own practice sent on request



J. S. TYREE, CHEMIST, INC.

Manufacturers of Cystodyne and Tyree's Antiseptic Powder
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★ THE NEWSVANE ★

A BREAK FOR INTERNS

A law to give New York City hospital interns \$1,000 a year and one month's vacation has been introduced by Alderman James Burke, Queens County Democrat. "\$19 a week is little enough to pay for the services which these men render to the citizens of the city," pleaded Alderman Burke. "They undoubtedly deserve a better break than that which they have been receiving."

MILLIONS FOR MEDICINE

The recent death of John D. Rockefeller crystallized his colossal importance to the profession. For nearly eighty years he gave away more money for the betterment of mankind than any other individual in the world's history. Most of his huge fortune has been distributed through three charitable foundations, two of which, the Rockefeller Foundation and the Rockefeller Institute for Medical Research, are primarily medical.

These foundations have spent more than \$245,000,000 to alleviate and prevent human suffering. With a second and third generation to carry on the Rockefeller philanthropies, there is little possibility that this rain of dollars will cease for some years to come.

Responsibility for spending a good portion of these funds has just fallen on the able shoulders of Dr. Thomas Milton Rivers, new director of the hospital of the Rockefeller Institute. At 48, he succeeds Dr. Rufus Cole, who reached the retiring age of 65 a few weeks ago. Dr. Cole has done out-

standing research work on gonorrhea, typhoid, and pneumonia. In 1910 he organized the institute's hospital.

Dr. Rivers, who has worked with the institute for 15 years, discovered how to grow viruses in tissue cultures and is considered the nation's foremost authority on filterable viruses. His latest research has been on lymphocytic choriomeningitis.

The retirement of Dr. Cole and the appointment of Dr. Rivers calls attention to the institute's unique but little known hospital on the bank of New York City's East River. Seldom are there more than 45 patients in its large, airy rooms. Thirty-five medical specialists and a staff of trained nurses are always in attendance. Services are

Wide World



For New York City interns, Alderman Burke proposes a raise.

free but conditional: A patient is admitted only if he brings with him a disease in which the institute is currently interested. Patients now receiving treatment are suffering from heart and pernicious blood diseases, rheumatic fever, acute respiratory maladies, nephritis, and measles.

2,000 DOCTORS MISS A CALL

Fear of a stampede probably checked practical jokers who longed to stand in the lobby of the Hotel Texas, Fort Worth, during the recent Texas Medical Association convention held there and yell, "Is there a doctor in the house?"

But it was no joke when a midnight collision outside the building caused a spectator to dash up to the desk and demand a physician. He was told that none was available. So the patient was taken to a hospital for first-aid treatment.

The 2,000 convention-going doctors were attending their president's ball on the fourteenth floor of the hotel.

U. S. HEALTH BUREAU URGED

Creation of a federal health bureau which would shoulder financial responsibility for the nation's health is recommended in the report of the house of delegates of the Medical Society of New York to the A. M. A. this month.

In its bid for government cooperation with organized medicine the New

York society makes the following proposals:

1. Increase of preventive measures through extension of federal and local health services. Approval of these measures by the profession provided they integrate with, rather than encroach upon, the work of the private practitioner.

2. Establishment of a working definition of "adequate medical care" sufficiently practical to become the basis for national social legislation.

3. Public funds to be made immediately available for medical care of the indigent. These funds to be allocated only to institutions in regions where the profession, local and national, approves of them.

4. Public funds to be made available for research and for all studies and procedures tending to raise the standards of medical practice.

State medicine and compulsory health insurance are condemned in the report as inadequate. It says:

"The health of the people is a direct concern of the government, and a national public health policy directed toward all groups of the population should be formulated."

To that end it recommends that the house of delegates of the A.M.A. appoint two committees—one to confer with New York state officials, the other to act nationally.

[TURN THE PAGE]

SYPHILIS PRIMARY • SECONDARY TERTIA

THIOBISARSON prevents Leucopenia, and increases rate of resolution of luetic lesions and aids in rendering the Lymphatic glands sterile. Causes rapid disappearance of the Treponema from primary and specific lesions, usually within 48 hours. Has the property of penetrating, diffusing, and destroying spirochetes in the central nervous system and appearing in the spinal fluid. Solution is stabilized, ready for instant intramuscular use.

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THIOBISARSON is a synthetic metallo-dye organic compound containing bismuth and organic pentavalent arsenic—all in one molecule; with approximately 36% Bismuth and 13% Arsenic.

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Gastric Hyperacidity

In the relief of gastric hyperacidity, *speed* is essential—Cal-Bis-Ma provides it. The neutralizing effect should be *prolonged* so as to prevent secondary acid rise—again Cal-Bis-Ma takes care of that. The irritated gastric mucosa should be soothed and protected from further irritation—that, too, is an important mission of Cal-Bis-Ma. Send for a trial supply and descriptive literature.

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IODINE MEDICATION
WITH THE UNDESIRABLE
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In chronic cases which require treatment with iodine over an extended period, it is desirable to use a form of iodine that may be administered, for months at a time if necessary, without toxic effect.

**RIODINE
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With Riodine, an iodine addition product of castor oil having an iodine content of 17% of its total weight, effective iodine medication may be administered over long periods with little fear of gastro-intestinal or other iodine disturbances.

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VITABEE A Solution of Crystalline
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395 Fourth Ave., New York

THE PREMIUM ON HELIUM

Some experts declare that if helium had filled the steel lungs of the Hindenberg, the disastrous fire could not have happened. Some physicians assert that if the precious gas could be pumped into human lungs many deaths from pneumonia and heart disease might be prevented. Dr. R. R. Sayre, assistant director of the U. S. Public Health Service, and Dr. Alvin Barach, of Columbia University, recently urged Congress to pass the Hill bill which permits the sale of helium for medicinal and commercial purposes. The government, which has a world monopoly over the gas, would sell it at cost, retaining authority to repurchase it in case of need.

DAILY HAY FEVER FORECAST

The New York *World-Telegram* has appointed itself friend and guide to asthma and hay fever victims. It features a daily pollen count for grasses, trees, and weeds throughout New York City's five boroughs. A chart giving the average count for the city as a whole during the preceding two weeks is also published daily.

The counts are compiled by the local WPA Sanitary Control Project from slides exposed for 24 hours in five fixed stations. By comparing today's sneeze with next week's headache, sufferers can tell the trend of the particular pollen to which they react most violently.

The paper also gives dates of grass and weed seasons, lists symptoms of pollen sensitivity, and reports that there are allergy clinics in the city hospitals.

NEW WEAPONS AGAINST V.D.

Two new medical guns may be trained shortly on venereal diseases. From California comes the announcement that a stain called krajin will detect the presence of syphilis in the blood stream several weeks before a positive Wassermann can be obtained. This

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"I can take it!"

NEO-CULTOL

ADVERTISED TO THE MEDICAL PROFESSION ONLY

Even children take to Neo-Cultol—because they can take it so easily. And for both children and adults it offers an ideal means for combatting constipation and intestinal toxemia.

Neo-Cultol combines viable *B. acidophilus*, refined mineral oil jelly, and chocolate. Full effectiveness is ensured by rigid standardization, complete laboratory control. Samples to physicians.



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discovery, made by Dr. Stanley Chambers and Dr. Julius Scholtz, both of Los Angeles, received a conservative welcome at the recent state medical association convention. The co-workers declared that the stain was 98.8% accurate in 104 cases.

The second big gun is manned by Urologist John Colston, of Johns Hopkins. At the American Medical Association convention last month, Dr. Colston reported having cured 85% of his gonorrhreal patients simply by giving them four tablets of Prontylin (sulfanilamide) a day for four days. Experiments on such patients were begun three months ago. They were prompted by the success of this dye in streptococcal and meningococcal infections.

Dr. Colston says that neither he nor his associates have had time to study the prophylactic value of Prontylin.

DOCTORS DUPE DOCTORS

The latest disclosure in the disability racket which cheats New York insurance companies out of millions of dollars a year reveals doctors who can deceive insurance company doctors and turn electrocardiograms into unwitting liars.

In his recent arrest of fifteen men, including two lawyers and one physician, U. S. Attorney Lamar Hardy charged them with training clients to simulate brain diseases, tuberculosis, and with "doping them like race

horses" to induce fake heart disease. Some claimants, declared Mr. Hardy, were given digitalis and compelled to climb ten or fifteen flights of stairs before examination by an insurance company doctor. Under the stethoscope and electrocardiograph, the heart palpitated ominously and disability claims, some as high as \$100,000, were granted readily.

If the insurance company's medical man became suspicious and rejected a claim, the claimant's lawyer brought suit promptly. Then fake histories and feigned symptoms were skillfully presented to a jury which usually returned a favorable verdict.

SLAVERY OF IDIOTS

A story of tragedy and abuse, the result of Baltimore lawyers "selling" 168 imbeciles for servants, was revealed by Dr. Leo Kanner of Johns Hopkins, at the recent annual meeting of the American Psychiatric Association. The lawyers, Dr. Kanner stated, obtained habeas corpus writs for the release of fifteen boys and 153 girls from the Baltimore Training School for the Feeble Minded and "sold" most of them to society matrons who wanted cheap domestic help. The writs were granted by an obliging judge, he added, often without the knowledge of the patient's relatives and, in every case, against the express advice of the school board.

Dr. Kanner presented a study of



the dependable urinary antiseptic **CYSTOGEN** methenamine in its purest form

Many doctors are now regularly prescribing Cystogen in cases of cystitis, pyelitis, prostatitis, urethritis and other G-U infections. That is because Cystogen has been found to be the ideal urinary antiseptic by these physicians. Cystogen has many therapeutic advantages: It eases renal and vesical pain; flushes the genito-urinary canal from the kidney to meatus and makes field urine non-odorous and non-irritating. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Free samples on request.

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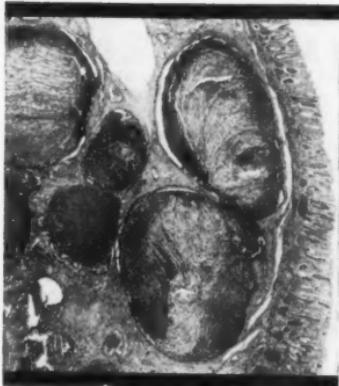
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Photomicrograph showing
internal hemorrhoids due
to pressure from inspiss-
ated stools.

Hemorrhoids . . .

Prophylactic and Corrective Use of

MUCILOSE (STEARNS)

Pressure from the hard fecal masses of constipation is one of the most important causes of hemorrhoids. Hence the rationale of Mucilose therapy which is directed at their etiology—as follows:

MUCILOSE + Stools = Soft, Pliable, Fecal Masses

In this way, Mucilose, by relieving pressure, helps prevent venous congestion and thrombotic hemorrhoids.

Mucilose may be used postoperatively to prevent recurrence, as well as prophylactically—particularly valuable as preventive treatment during pregnancy.

Mucilose—a hemicellulose (vegetable gum) prepared by a special process from the *Plantago loeflingii*—is now available in two palatable forms, **MUCILOSE GRANULES** and **MUCILOSE PLAIN**.

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Break it with



In ECZEMA, IVY POISONING and LOCALIZED PRURITUS, scratching begins and maintains the vicious circle. Physicians prescribe ZEMACIDE (Tilden) because it PREVENTS Scratching in two ways; Soothes sensory nerve endings—Lessens blood supply to the skin. ZEMACIDE (Tilden) is composed of True Calamine with other Zinc salts, Phenol, Glycerin, and Roseol vehicle. Medical literature on this seasonal, ethical preparation is available on request.

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A superior product made of smooth-finish, steam-cured plantation rubber. Dispensed by prominent obstetricians and gynecologists.

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• Illustrated technique of diaphragm fitting and Hospital size tube of LEN'S Surgical Lubricating Jelly sent FREE with order for sample diaphragm for one dollar, enclosed with your order.

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the ultimate fate of these patients. The girls, he declared, were literally sold into slavery; many were brutally mistreated. The indiscriminate use of habeas corpus writs had shoved well-sheltered patients out "into prostitution, vagrancy, illegitimate motherhood, unhappy marriages, and disastrous vocational and social maladjustments at a tremendous cost to the community. Only thirteen out of the entire group might be said to have adjusted themselves to the outside world."

NURSE SHORTAGE AN ISSUE

Are there or are there not enough nurses in New York City to institute the new eight-hour nursing day which became law on July 1? Dr. S. S. Goldwater, city commissioner of hospitals, declares there aren't. He admitted recently that the acute shortage of qualified nurses may force him to ask the board of health to suspend the new law. Between 500 to 1,000 graduates are needed, he stated, and "the schools can't turn them out fast enough."

Miss Lucile McGorkey, president of the Association of Hospital and Medical Professionals, and militant leader in the fight for shorter hours (see May issue, page 142), flatly contradicted what she chose to call Dr. Goldwater's "ill-considered statement."

Contended Miss McGorkey: "There are still several hundred nurses on WPA rolls. There are still numerous unemployed nurses. There are still qualified nurses on Home Relief. There is still time for Dr. Goldwater to advertise for nurses."

MIRACLE CURE TURNS SOUR

Have you ever heard a dream prescribing? Wilfred James, of Brooklyn, has. Some time ago this negro herb doctor got a miraculous formula in a dream. He brewed and he stewed until he produced "Wilfred's Wonder Herb Tonic". Still under the magic spell,



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IT'S JUST HUMAN NATURE—



**FOR SOME PATIENTS TO
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THE DOCTOR'S ORDERS**

WHEN patients have sore throats, colds—and you advise against smoking, you know that your "no smoking" edicts are sometimes broken or ignored.

In such cases, Spud Cigarettes may be of service. While we claim no therapeutic virtues for Spuds, we can positively say this in their favor:

Spuds are made of the very finest tobaccos. Scientific tests indicate that

Spud's dash of mild menthol lowers the temperature of the smoke as much as 16%—and helps to condense, in the butt of the cigarette, the coal tar ingredients that irritate when inhaled.

Free Spuds for Doctors

Write on your professional stationery for liberal samples of Spuds, both plain and cork tips...The Axton-Fisher Tobacco Company, Inc., Dept. ME7, Louisville, Ky.

SPUD CIGARETTES

15¢ a pack . . . PLAIN or CORK TIPS (plus tax in tax states)

Wilfred wrote a circular explaining that his tonic would positively cure eleven different ailments.

But the police turned Wilfred's dream into a nightmare. He has been charged with violating the health code by selling an unregistered patent medicine. When he protested that he had no money for legal defense, the magistrate snorted: "You don't need money. Just give the lawyer a bottle of that tonic."

RICKSHA PULLERS INSURED

The largest social insurance scheme in China is six months old and has 41,000 members—all ricksha pullers for the Shanghai International Settlement. For about 1c per man per shift, the pullers are insured against death or disability. In case of death the family receives \$40 in yen. If a puller loses an eye, a hand, or a foot, he receives \$20. For the loss of two eyes or two limbs he is paid \$40. The small membership fee also entitles the pullers to the use of rest houses, recreation rooms, and to free medical attention.

DOCTORS TURN PREACHERS

Religion made a graceful bow to science in Fort Worth, Texas when the pulpits of ten churches were turned over to physicians for Mother's Day sermons. In their medical tribute to mothers "as the principal conservers of health," the doctors em-

phasized modern medicine's interest in prevention and stressed the value of regular health examinations. The talks, given at churches of all denominations, were part of a public health program in connection with the annual convention of the State Medical Association of Texas.

FEES MAY RISE WITH COSTS

The rising cost of living may force some physicians to increase their fees, declared Dr. Paul Fuzy, president of the Mahoning County (Ohio) Medical Society, a few weeks ago. Wages, hospital rates, and the cost of medical supplies have increased considerably, he said, but doctors' fees have remained stationary since 1919. "We should not be labeled 'mercenary,'" he added, "if we advocate a commensurate increase in fees."

HOSPITAL INSURANCE WAXES

Membership in group hospital insurance plans is swiftly approaching the million mark. Rapid increase in enrollment has made radical changes in the figures given five months ago in MEDICAL ECONOMICS' survey of the movement (see February issue, page 22). At that time the national total just exceeded 700,000. The Associated Hospital Service of New York City now has 350,000 members, instead of the 200,000 reported in February. Rochester, New York, boasts 65,000 subscribers—an increase of 10,000 in



Continuous ACTION for LEUKORRHEA

Between office visits check discharge and promote healing of the vaginal mucous membrane. Utilize astringent, styptic, decongestive

MEDICATED WAFERS

One Wafer inserted high up in vagina after douche. For prolonged therapeutic effect you can rely upon this preparation. Advertised only to medical profession.

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Blood Analysis Still Climbing!

Significant trend grows sharper in figures from three sources

It isn't hard to see what's happening. Laboratories are daily called on for more and more blood analyses. Manufacturers report sales of hemoglobinometers still going up. And students in sixty per cent of our medical schools are required to possess them, today.

But one conclusion is possible. Increasing need is felt for accurate knowledge of the individual blood chemistry in every case coming under alert physicians' care.

And modern facilities make it increasingly simple for the doctor to possess this knowledge. Good laboratories are everywhere accessible. The

hemoglobinometer of today is no more difficult to come by and utilize than the sphygmomanometer, stethoscope or any other modern scientific equipment.

With the blood picture accurately known, diagnosis is invariably more accurate, and the most advantageous therapy more clearly indicated. It is an invaluable, even imperative aid in everyday practice.

Recent researches indicate an increase of secondary anemias. Anemia is known to be co-existent in nearly all disease from acne to septicemia. And even slight blood-impoverishment is a real physiological burden!

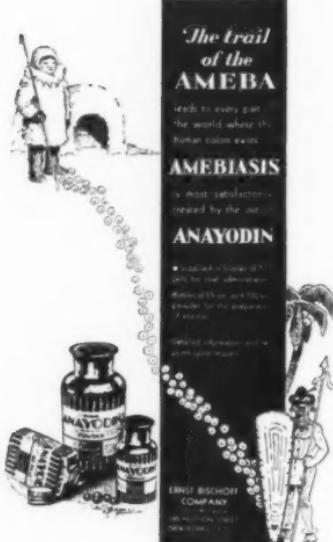
YOU WILL FIND in your work on blood analysis and anti-anemic treatment, professional attention centering upon the unique and conspicuously effective hematite known as HEPTOGENE. To that extent, frankly, this report is selfish. For HEPTOGENE'S authenticated ability to effect marked and immediate reticulocyte response—without *gastric upset*—will quite certainly lead, we believe, to your use of it wherever indicated for secondary anemias. (HEPTOGENE is advertised only, of course, to the medical profession.)

FORMULA—HEPTOGENE:

Each tablet represents, approximately: FRESH LIVER—3100 mgm; *FERRUM (Fe)—3.80 mgm; CUPRUM—13 mgm (precise critical ratio of copper to iron); CALCIUM (as calcium gluconate)—7.00 mgm. PALatability—five-grain coated tablets, easily swallowed whole or crushed in cereals; safe even for infants.

*NOTE low iron intake—eliminates "heroic iron dosage" with its resultant gastric upset.

REQUEST PROFESSIONAL SAMPLE—an 8-day supply—with which we will submit typical case histories. Address: *Biovasic Products, Inc., Fifth Avenue at Fiftieth, Rockefeller Center, New York, N. Y.*



STORM



Worn, the world over, for every condition requiring Abdominal Support.
Every belt is made to order.
Ask for literature

Katherine L. Storm, M.D.
 1701 Diamond St., Philadelphia

five months. Projects serving Minneapolis and St. Paul, Cleveland, and Washington, D.C., show an increase of 17,000, 6,000, and 5,000 respectively.

DOCTORS ON WPA LIST

There are 1,218 physicians and dentists receiving aid from the WPA, according to latest figures from Washington. More professional men in New York (410) applied for help than in any other state. California has the second largest list—133. Massachusetts runs third with 108. West Virginia has no doctor or dentist on its WPA list. Twenty-eight states report less than ten.

FOR CANCER, NOT OYSTERS

Ironic justification of one of the cancer fund bills now before Congress was offered recently by its co-author, Representative Magnuson, of Washington. In an effort to wither opposition, he declared that a few years ago the government appropriated \$1,000,000 to study the maladies of oysters. Last year, he added, over \$2,500,000 was appropriated to study sick livestock, and more than \$5,000,000 to study plant ailments. "Would it not seem reasonable," he then asked, "to spend a mere million annually to fight cancer, which, next to heart disease, is the greatest life destroyer in America?"

PROBLEMS OF POLLUTION

The sight of trailers bumping merrily across state borders is causing concern to Andrew F. Allen, chief of the bureau of camp sanitation, New York State Department of Health. Trailers, Mr. Allen told a recent conference of health officers, have created sanitation problems similar to those once raised by tourist camps. Health authorities have established some regulations, he said, on the disposal of sewage and the equipment of all trailers with chemical tanks. When more information is available as to the types

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DESIGNED FOR THE PROFESSION

THE new, practical Bard-Parker Pyrex Sterilizing Container, designed to facilitate the rust-proof sterilization of instruments with Bard-Parker Formaldehyde Germicide. Constructed of heavy duty pyrex glass and durable metal, the removable tray may be made stationary in an immersed or draining position. This container is airtight, portable and capable of adequately servicing the physician's small instrument requirements.



Price complete \$4.85

Hypodermic needles, probes, suture needles, syringes, forceps, Rib-Back blades, renewable scissor edges, etc., are assured of a longer period of utilization when sterilized with B-P Germicide because it preserves keen cutting edges; dries rapidly without residue; is rust-proof; non-corrosive and otherwise non-injurious to metal instruments.

Ask your dealer

**PARKER, WHITE & HEYL, Inc.
DANBURY, CONNECTICUT**

R.P.

A BARD-PARKER PRODUCT

and facilities of these mobile homes, he added, more stringent regulations will be possible.

Poor plumbing in regular homes constitutes a similar health menace, according to Dr. Clifford Waller, assistant surgeon general of the U. S. Public Health Service. Speaking at the convention of the National Association of Master Plumbers a few weeks ago, Dr. Waller said, "Cities spend millions to deliver pure water to the curb. All water pollution that now takes place is found within buildings." The amoebic dysentery epidemic in Chicago in 1933, he explained, which resulted in nearly 100 deaths, was traced to plumbing defects in two hotels.

HIGH FLOWN TONSILLECTOMY
Nurse Dorothy Simonson, of Guthrie, Oklahoma, literally went up in the air when she had her tonsils removed recently. The operation was performed in an airplane by Dr. J. H. Atherton, who wished to test the efficiency of anesthetics at high altitudes. Miss Simonson had a happy landing and an uneventful recovery.

"STATE SHOULD PLAN MENUS"
It is the government's duty to tell us what to eat, Dr. W. H. Sebrell, past assistant surgeon of the U. S. Public Health Service, told members of the New York State Dietetic Association at their recent annual convention.

Nutrition, he pointed out, is a community problem, the fulcrum in any program for longer life and immunity from disease. Several states have launched nutrition programs; others are organizing them.

But what we really need, continued Dr. Sebrell, is a staff nutritionist in every state health department to train the public in proper food habits. "People," he said, "must be taught to look to the health department for authoritative advice in preventing nutritional diseases."

IMPOSES ON HOSPITALS

If a dark, slender man wearing a neat tracheotomy tube walks into your office, he may be the professional hospital malingerer reported by Dr. Eugene Walker, superintendent of the Springfield (Massachusetts) Hospital. Police brought the man to the hospital recently in a supposedly critical cardiac or respiratory condition. After a six-day rest, he left. Reason: the doctors saw no real necessity for the tracheotomy tube and wished to remove it. The tube, of course, is the man's chief source of appeal.

Dr. Walker gives these additional facts about the imposter:

Name: Harold Quirk, Harold Clark, Warren Cornell, or Frank Goodwin. Previous history: Born in New Bedford, Massachusetts, February 3, 1906. Parents' names: Samuel Quirk and Mary A. Brooks. Occupation: teamster,

Collect Delinquent Accounts

ARROW SERVICE

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Please send me your FREE,
Physicians' Collection System.

Dr.

Address

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FREE SYSTEM!

You mail the notices to patients, the money comes direct to you, unshared. Response is immediate and cordial relationship is maintained. Hundreds of physicians, clinics and hospitals everywhere use and recommend this system. It is yours for the asking. Use the coupon.

Salines

IN CONGENITAL CONSTIPATION

The regular use of salines is suggested in cases of constipation due to congenital hypoplasia of the intestinal musculature. The safety of the salines makes them particularly adaptable, as administration in such cases is usually prolonged.

Sal Hepatica

acts gently, yet thoroughly, in helping to rid the intestines of harmful waste by mild osmosis, diminished absorption and increased peristalsis. It provides natural mineral salts designed to conserve and replenish the body's alkaline stores . . . to help build resistance and promote general health improvement.

New experimental evidence

indicates that Sal Hepatica stimulates an increased rate of bile flow from the liver into the gall bladder and thence into the duodenum.

The action of Sal Hepatica can be likened to that of well-known natural mineral spring waters. Its exuberant effervescence assures palatability . . . Samples and literature to physicians upon request.

Sal Hepatica Flushes the Intestinal Tract and Aids Nature to Combat Acidity



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BEFORE HE BITES!

Application of Campho-Phenique Liquid at frequent intervals will repel mosquitoes and other insects. When applied to insect bites, nothing is more soothing for relieving the itching and smarting.

Campho-Phenique Liquid and Powder are combined as a pleasing and satisfactory method of treating sunburn, windburn, poison ivy, impetigo contagiosa, etc.

Before you go back to nature with a city skin, put Campho-Phenique Liquid, Ointment and Powder in your vacation kit. All three can be obtained at your druggist, but why not be prepared?

Special Offer to Physicians

If you are a practicing physician, we shall be glad to send you, free of charge, a vacation kit for your own use. Just mail this coupon.

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500-502 N. 2nd St., St. Louis, Mo.
Gentlemen: Please send me the vacation kit of Campho-Phenique Liquid, Ointment and Powder.

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Address
City & State

sign painter, or circus hand. Physical findings: slender, medium height, dark hair and eyes, right arm flexed as the result of an accident, multiple scars on abdomen and back. Police findings: has been picked up on street and taken to hospitals in various cities in Massachusetts, New York, Pennsylvania, Rhode Island, and Ohio.

"SYPHILIS" GAINS CASTE

Victorianism which has hampered proper and necessary use of the word "syphilis" continues to be routed. Last month the New York State Senate passed a bill which changes the name of the state health department's Division of Social Hygiene to Division of Syphilis Control.

Oratorical in his opposition to the bill was Senator John J. McNaboe, who asked, "Supposing a decent father has a sweet little two- or three-year-old girl who says to him, 'What is the meaning of this word, Daddy?' pointing to the word 'syphilis.' How is he going to explain it? What will be his answer? How can he reply without spoiling the innocence of this sweet child?" He added, "It is a subject that should be dealt with in the privacy of the physician's office."

The remarks quoted brought Senator Jacob J. Schwartzwald to his feet. He acclaimed Senator McNaboe as having "the most enlightened mind of the eighteenth century."

TINY FILMS HOLD LIBRARY

A method of reproducing the pages of books or magazines on motion picture films has been perfected by Science Service, Washington, D. C. These "bibliofilms" are standard (35 mm.) size. They can reduce an extensive library to Lilliputian proportions.

A roll of the film, small enough to fit into a vest pocket, may hold as many pages as five large books. Since they are too small for direct reading, a special device known as a "reader" is used to magnify the film to a com-

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portable size. Standard make "readers" may be purchased for the price of a fountain pen.

Many government agencies, including the U. S. Navy Medical School, the Library of Congress, and the Works Progress Administration, are sponsoring a bibliofilm service. It is said to be particularly valuable for students. Rare medical documents or books may be studied with a minimum of trouble and expense, and, in just a few feet, a complete book may be read or rapidly reviewed.

Similarly, photographs, sketches, or speeches can be visualized quickly and completely.

HOSPITAL HIS HEAVEN

A. P. Chauncey's idea of going to own is going to the hospital. Brought to the Robert Green Hospital, San Antonio, Texas, for minor automobile injuries, Chauncey grew so fond of the place that he decided to remain indefinitely.

Doctors have made three vain attempts to turn his lie-down strike into a walk-out. When his superficial injuries were mended, Chauncey demanded treatment for arthritis which had crippled him for years. Physicians demurred, but the police were powerless to remove a patient from a charity institution. So Chauncey was put on a scanty diet and given an armful of inoculations. He thrived on them.

In desperation, the authorities tried to bribe him with a one-way ticket to anywhere. Said hospital-loving Chauncey: "There's no place I want to go."

PATIENTS SHOT WITH LEAD

A medically-sound plot by factory workers seeking nearly \$1,000,000 compensation for "lead poisoning" was disclosed recently by New Jersey police. According to the police, ten employees of a metal refining company were induced by a ring of lawyers and doctors to pose as victims of



CEANOOTHYN IN POST-OPERATIVE HEMORRHAGE

Bleeding following operative procedure, if arising from capillaries or minor vessels, usually responds promptly to the action of the alkaloidal coagulant,

CEANOOTHYN

Used alone or in conjunction with either topical or hypodermic agents, Ceanothyn exerts a definite effect on the clotting mechanism.

In acute bleeding administer orally four fluidrams every twenty minutes until hemorrhage is controlled followed by reduced dosage to prevent recurrence.

Sample and descriptive booklet will be sent on request. ME-7

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Rapid reduction of **FEVER** and **BACTERIURIA**

Experienced clinicians everywhere report that the most rapid and successful treatment of urinary infection, including pyelitis and other common urinary tract infections, is with Hexalet "Riedel". Undesirable side effects are almost entirely absent. The effects of Hexalet are manifested in rapid improvement, in the cessation of high temperatures, in the clearing of pus, albumin and bacteria from the urine, and in the prompt relief of pain and tenesmus.

HEXALET

"R i e d e l"

Hexalet combines the universally favored methenamine with sulfo-salicylic acid, powerful acidifier, anti-septic and sedative. Through the proper proportion of these ingredients attained in Hexalet, there is no need for troublesome alternate dosings with an acidifying agent. Hexalet achieves a degree of acidification in the urine that completely and rapidly liberates formaldehyde in potent concentrations in the urinary passages. With Hexalet, therefore, the two objectives of acidification and antisepsis are achieved together.

Free to Physicians —

PHYSICIANS: Send for free sample of Hexalet "Riedel" and literature.

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BERRY and SO. FIFTH ST., BROOKLYN, N.Y.

poisoning. The doctors gave them small intravenous injections of lead which, though harmless, produced the usual symptoms of lead poisoning. Suspicion was aroused when the company noticed that nearly all claimants were represented by the same small group of physicians and lawyers.

FEW WOMEN DOCTORS ON TOP

Disappointment at the minor roles played by American women doctors was admitted recently by Dr. Martha Bruenner-Ornstein, of Austria. She had heard so much in Europe about the great opportunities for women in America, she said, that she expected "every other prominent doctor here would be a woman." In her own country, Dr. Ornstein added, there are about 500 female physicians, but only a few have reached positions of prominence.

Dr. Ornstein was chairman of the Austrian committee at the recent International Conference on Fever Therapy. She is the first woman to receive this honor.

NEW TYPE X-RAY MOVIES

A new cinematic wrinkle was revealed to Hollywood motion-picture engineers recently—"soft" x-ray movies. The films are made by using Grenz rays which are so weak in penetrating power as to make shadows of water and other translucent liquids.

The engineers saw the hitherto invisible motion of poison spreading through living tissues. With Grenz-ray movies making possible visible records of major chemical changes in life, an invaluable harvest of new scientific data is expected.

RED CROSS LAUDED

The work of the American Red Cross during the flood disasters was praised by President Roosevelt in a letter of greeting to its recent annual convention. During the past two years, cited the President, the Red Cross has been

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Please DO SOMETHING!

Its dependable action has made Calmitol the medication of choice in pruritus, regardless of etiology or therapy needed to correct the causative factor. Calmitol stops the torment of itching. Valuable in every form of dermatitis or fungus infection characterized by itching. Professional sample on request.

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Calmitol LIQUID
and
OINTMENT
THE DEPENDABLE ANTI-PRURITIC

**PROLONGED AND
SAFE SEDATION**

PEACOCK'S BROMIDES represents a synergistic combination of purest alkali and alkaline earth bromides. Its ingredients are combined in a suitable proportion to enhance the therapeutic efficacy of each bromine ion.

Peacock's Bromides

can be prescribed regularly throughout the day to
Procure natural normal sleep.
Calm a disordered nervous system
Counteract the tendency to exaggerated reflexes
Alleviate headache, migraine and neuralgia.
Decrease the convulsions in epilepsy.

Introduced to the Profession in 1885

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When satisfactory sedation is desired a very important consideration is the prolonged and safe therapeutic action, of high tolerance, characteristic of Peacock's Bromides.

Fifty years of clinical experience.

a ministering angel to 2,000,000 victims of disaster. "This splendid and notable work," he said, "did not end with the urgent emergency . . . but was carried on until thousands of houses were repaired, and those supporting their families enabled to return to their regular occupations."

Admiral Cary T. Grayson, chairman of the organization, reported that the Ohio and Mississippi River floods this year caused "the greatest disaster the Red Cross has ever handled." Nearly a million and a half people were affected, he added, and most of them sent out an S.O.S. for Red Cross aid. Fortunately, public generosity rose with the flood tides. Contributions piled up to the staggering sum of \$25,000,000 during the January catastrophe.

Admiral Grayson announced an increase of 600,000 members during 1936. He also reported that the Red Cross was planning a fresh attack

on the accident problem. Highway first-aid programs are to be swiftly extended, and close attention is to be paid to home and farm accident prevention.

YELLOW FEVER AGAIN

Without doubt, authorities agree, the Aedes aegypti mosquito is guilty of spreading yellow fever. But a new and mysterious villain has loomed suddenly out of South American jungles. No mosquito carrier is known to exist in those districts, yet endemic yellow fever has broken out on the southern continent and also in the hinterlands of Africa.

Since 1915, the Rockefeller Foundation has spent close to \$6,000,000 in the belief that by eradicating the Aedes aegypti and its breeding places, yellow fever would be eliminated. But the discovery that there is another carrier and, perhaps, another host than man, has necessitated a complete

WRITE TODAY

This new catalog, profusely illustrated, containing many pages of valuable information on professional office planning is now offered to the medical profession. From it you will be able to select the proper equipment for the examining and treatment rooms. It is of especial interest to the interne about to start a new practice. Paste the coupon below on a post card.



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**"But, Doctor—
CAN'T I DO IT
CHEAPER MYSELF?"**

Home-prepared strained foods are not usually economical. They are often minus considerable percentages of vitamins and minerals because most mothers cook them so that they are accessible to oxygen; further, part or all the moisture is poured off. The doctor who recommends Gerber's Strained Foods recommends a product which retains to a high degree important vitamins and minerals; a product in which there is no waste; which is always uniform, truly economical; which relieves the busy mother of a strenuous, unprofitable daily task.

No mother can strain and cook as we do. In Gerber's kitchens only the finest are selected from *Home Grown* pedigreed vegetables, grown on farms within an hour's trucking distance. All cook-

ing and straining are steam pressure in closed systems, with temperatures constantly controlled, for greater prevention of oxidation and to prevent reduction in vitamin potency—and with vacuum evaporation of excess moisture to conserve minerals.

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You are invited to write for reprints of scientific articles showing university laboratory studies on the nutritional value of Gerber's Strained Foods. Also a filing card giving a chemical analysis. Address Dept. 227, Gerber Products Co., Fremont, Michigan.

II VARIETIES

STRAINED VEGETABLE SOUP
—TOMATOES—GREEN BEANS
—CARROTS—PEAS—SPINACH
—BEETS—PRUNES—CEREAL.
And now two new products—
APRICOT AND APPLE SAUCE
—LIVER SOUP WITH VEGETABLES.



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You are Invited to Visit our Plant when Touring in Michigan.

RELIEF FROM PAIN

without the psychic
trauma of the
needle

In two dram doses, administered orally, Papine quickly and dependably produces the pain-relieving action of a quarter grain of morphine, without inflicting on the patient the pain and the psychic trauma incident to hypodermic injection.

Papine may be employed interchangeably with morphine; it is indicated whenever relief of mild or severe pain is required, and for the treatment of cardiac asthma.

Its use is especially appreciated by patients requiring frequent analgesia over long periods, when parenteral administration of morphine often produces psychic disturbances.

It will give us pleasure to send you a 2 oz. sample of Papine; please enclose federal narcotic order with your request.

BATTLE & COMPANY
St. Louis, Mo.

PAPINE

(BATTLE)

change of strategy. Last year the foundation spent about \$290,000 looking for this carrier in Brazil, Colombia, and South Africa.

Surgeon General Thomas Parran, Jr., of the U. S. Public Health Service, says that the new menace is threatening this country as a result of increased air travel from South America. Brazilian airports are now only four days away from Miami. This means, Dr. Parran points out, that a person with yellow fever may arrive in the highly infective southern states before suspicious symptoms have appeared. He considers the situation so serious that he has established a special committee to draw plans for a yellow fever control program.

ST. LOUIS BLUE OVER SPEED

Fast driving is the quickest way to get to the undertaker's, according to a report of a test made recently in St. Louis. For one month the city imposed and strictly enforced a speed limit of thirty miles per hour.

Results, when compared with those of the previous month, astounded statisticians. Accidents dwindled 17.1%. Only three deaths occurred, as against fourteen during the month before. And injuries dropped 22.1%.

JUST PUBLISHED

ARTICLES

OKLAHOMA TRIES COOPERATIVE MEDICINE. (*The Nation*, May 29, 1937)

WARD TORTURE, by Don Daugherty. The second in a series on "human suffering." (*Coronet*, June, 1937)

A LEGION OF BLOOD BROTHERS. American Legion organizes squads to donate blood. (*American Legion Monthly*, June, 1937)

[TURN THE PAGE]

A Cool office is a Busy office

...and it's still not too late to install a Frigidaire Electric Room Cooler—and enjoy the benefits of a cool office *this summer.*

A practical way to enjoy summer cooling immediately is with a Frigidaire Electric Room Cooler.

It cools thoroughly without causing drafts—wrings gallons of moisture from the air—and, if you wish, filters out dust and pollens.

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The Frigidaire Electric Room Cooler is typical of the values offered by Frigidaire *Controlled-Cost Air Conditioning*—a means

of providing *any* degree and kind of conditioning and of controlling the cost before you buy.

This simple, compact Frigidaire Electric Room Cooler equals the cooling action of 1300 pounds of melting ice. Keep cool all summer long...at the cost of only a few cents a day!



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General Motors Sales Corporation
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Address _____

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AUTOMATIC HEATING, COOLING AND CONDITIONING OF AIR

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**LYXANTHINE
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given by mouth, supplies Sulphur, Iodine, Calcium and a powerful eliminant of metabolic waste. Relieves pain, reduces swelling, restores motility, reaches causes, relieves symptoms.

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MANY patients on the borderline of serious illness may avert it in this cool, revitalizing Northland. Let them relax in this rugged, unspoiled country of deep, quiet forests—majestic fjords—sweeping, moss-covered moors! Let them fish in famous rivers, lakes and ponds; enjoy healthful camp life—or golf, sailing, canoeing, sightseeing. Hurry . . . care . . . hayfever are strangers to Newfoundland!

Write for free booklet, "Come to Newfoundland", to Newfoundland Information Bureau, Dept. G, 620 Fifth Ave., New York, N. Y., or Newfoundland Tourist Development Board, St. Johns, Newfoundland, or any travel agency.

FINGERPRINTING DISEASE, by Dr. Henry George. A Dutch biologist reports "an astounding method for finding cancer." (*Coronet*, June, 1937)

THE ART OF BODY SNATCHING, by Dr. Abraham Gootnick. How to wheedle permission for a post-mortem. (*American Mercury*, June, 1937)

BOOKLETS

PRIVATE GROUP MEDICAL SERVICE, by C. Rufus Rorem. A study of a private medical group in a Midwestern city. (Julius Rosenwald Fund)

UNCLE SAM, M.D., by Paul A. Williams. Compulsory health insurance from the standpoint of the patient—a reprint from May, 1937 *Nation's Business*. (Public Relations Bureau, Medical Society of the State of New York)

BOOKS

PUBLIC MEDICAL SERVICES, by Michael M. Davis. A survey of tax-supported medical care in the United States. (Univ. of Chicago Press, \$1.50)

SHADOW ON THE LAND, by Dr. Thomas Parran, Jr. A story of syphilis and the campaign to stamp it out. (Reynal & Hitchcock, \$2)

THE MENTALLY ILL IN AMERICA, by Albert Deutsch. A history of their care and treatment through the years. (Doubleday, \$3)

TEN MILLION AMERICANS HAVE IT, by Dr. Samuel W. Becker. A discussion of syphilis for the general reader. (Lippincott, \$1.35)

PHYSICIANS AND MEDICAL CARE, by Esther L. Brown. (Russell Sage Foundation, 75c)

DEATH RIDES WITH VENUS, by Arthur C. Palm. About venereal disease. (Greystone, \$1.50)

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MAZON

The PREFERENCE for

Woonsocket, R. I.
April 28, 1937.

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Belmont Laboratories, Inc.
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To the President.
Dear Sir:

This letter is not expected by you, but I think it is my duty to tell you of my appreciation for your product: Mazon oint. and soap.

I have received a 4 oz. jar of Mazon oint. and soap. cake of soap—I thank you. The tissue to cover was so large that I had you. The tissue to cover to apply and I think I will have a good quantity of a case of skin disease before one picture Let me tell you that you say that one picture is worth a thousand words. That is so.

One jar of Mazon is worth a thousand jars of any other kind of ointment in America or Europe.

I know, for I am getting to be a specialist in skin diseases and yours is "unique". Yours truly,

You may use this letter if you wish to. (in practice since 1901) Dr. H. B. C. —Park Place

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NOV. 5, 1936



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20 DAYS

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A complex organic compound of Bismuth and Iodine, which on oral administration is absorbed to yield a constant and high concentration of both elements in the brain, spinal cord and other tissues.

Eliminating painful bismuth injections, it may be used concurrently with the arsenicals in the primary and secondary stages of syphilis and may be relied upon, in tertiary stages, without other treatment.

From 3 to 6 capsules per day over a period of 2 to 3 months frequently brings clinical and serological improvement where other forms of treatment have proved inadequate.

Bisiodide contains 25 per cent of metallic bismuth and 58 percent of iodine, thus combining two of the most powerful chemicals recognized in the treatment of syphilis in all its stages.

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A GOOD PRESCRIPTION

Physicians throughout the world prescribe ERGOAPIOL (Smith) in the treatment of **Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia.**

ERGOAPIOL provides symptomatic benefit by stabilizing uterine tone, regulating innervation and controlling bleeding when present. By its corrective action on perverted menstrual function, it simplifies local gynecological treatment. Valuable in obstetrics during the third stage.

Our ethical protective mark MHS embossed on the inside of each capsule, *visible only* when capsule is cut in half at seam, affords the physician a ready means of determining whether his prescription has been correctly filled.

DOSAGE: One to two capsules three or four times a day, preferably after meals with a glass of milk or water. Supplied only in packages of twenty capsules each

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LITERATURE & SAMPLES

GERMICIDE, BACTERICIDE, FUNGICIDE: A new ozonide of olive oil has just been put on the market under the name of O-Three. The makers say that after three years of clinical test the product has proved an ideal anti-septic wherever the need for a slow-acting, penetrating, non-irritant germicide, bactericide, or fungicide exists. A free sample, with literature, is yours for the asking. Address the Johnson Laboratory, Inc. (ME 7-37), 142 W. 24th St., New York, N. Y.

IODINE MEDICATION: A free professional sample of Riiodine and an interesting folder giving complete facts about it are now available to physicians. The preparation is an iodine addition product of castor oil having an iodine content of 17% of its total weight. Its outstanding feature, the folder declares, is that it may be administered for a long period with little fear of gastro-intestinal or other iodine disturbances. Write to Gallia Laboratories, Inc. (ME 7-37), 254-256 W. 31st St., New York, N. Y.

SYRINGES: Here's an interesting folder, illustrated in color, which displays the many types of B-D Asepto Syringes. If you want a copy, drop a line to Becton, Dickinson & Company (ME 7-37), Rutherford, N. J.

THE SLEEP PROBLEM: By using Flents, specially-prepared ear stopples, light sleepers need not be kept awake by night-time noises. These small balls

of cotton and wax are said to be hygienic, non-irritating, easily molded between the fingers to fit any ear, and instantly removable. If you want a sample for personal trial or one to give to patients, write to Flents Products Company, Inc. (ME 7-37), 103 Park Avenue, New York, N. Y.

PROTEIN SUBSTITUTE: This small pamphlet should interest physicians. It discusses the uses of Vitasoy soy bean powder. According to the distributors, this food product contains "complete" protein equal in value to that of meat, eggs, and milk. As a protein substitute it has been found helpful in cases of constipation and auto-intoxication. A copy is yours for the asking. Mail a card to Soya Health Products (ME 7-37), North Main St., Spring Valley, N. Y.

PROFESSIONAL STATIONERY: The Professional Printing Company (ME 7-37), 101-105 Lafayette St., New York, N. Y., announces that it will send any physician, on request, a copy of its new catalog. Samples of professional stationery, record cards, and other forms are also available without charge.

HAY FEVER: The makers of the new dust-free De Luxe Allergia Pillows are distributing among doctors their recently printed booklet called *Healthful Sleep*. They'll gladly send you enough copies so that all your patients suffering from asthma or hay fever

may have one. Forward your request to the Allergia Products Company (ME 7-37), 98 Chapel St., Newton, Mass.

AGAR THERAPY: The Freeda Drug Company (ME 7-37), 110 E. 41st St., New York, N. Y., will now send to any doctor who requests it a trial supply of Vitagar. The leaflet accompanying the sample says that the product is 97% kobe agar, purified by a special process, milled to a fine consistency, and combined with vitamins B1 and G. It is indicated for constipation, chronic colitis, and atonicity of the gastro-intestinal tract.

RHINITIS AND CORYZA: Want a sample of Pineoleum? For more than thirty years this preparation has been recommended for treatment of rhinitis and acute coryza. It is now available in three forms: Pineoleum, Pineoleum with Ephedrine, and Pineoleum Ephedrine Jelly. Drop a card to the Pineoleum Company (ME 7-37), 8 Bridge St., New York, N. Y.

SOAP: Patch tests have proven that physicians and surgeons can get a thorough scrub-up and lessen the risk of irritation by using Lifebuoy soap, says Lever Bros. in a new leaflet. To prove the statement they'll send you free of charge a carton of professional samples. Just drop a card to Lever Bros. Co. (ME 7-37), 164 Broadway, Cambridge, Mass.

DYSMENORRHEA: Interested physicians can obtain a trial supply of Lupex capsules, together with descriptive literature and clinical reports, by

writing to the Lupex Company, Inc. (ME 7-37), Garden City, Long Island, N. Y. The product is prescribed for relieving the primary symptoms of dysmenorrhea. In many cases, the makers declare, it does away entirely with the secondary nervous system upset. It is a humulus lupulus compound.

ROOM COOLER: A cool office will make the summer immeasurably easier —for you as well as for your patients. If you've thought of installing a conditioning unit, you'll no doubt be interested in this brochure. It tells all about the Frigidaire Electric Room Cooler that is said to cool without causing drafts, to wring the moisture from the air, and to filter out dust and pollen. Address the Delco-Frigidaire Conditioning Division, General Motors Sales Corp. (ME 7-37), Dayton, Ohio.

HAY FEVER: With the rose cold and hay fever season now under way, the makers of Estivin suggest that you send for a free supply of their product. Even in severe cases, they say, this preparation offers speedy relief for ocular and nasal symptoms. Besides the sample, literature is also available. Forward your request to Schieffelin & Company (ME 7-37), 20 Cooper Square, New York, N. Y.

FLOOR AND WALL COVERING: Are you planning to redecorate your office and reception room? Before you decide on what materials you'll use, have a look at this booklet. It gives all the particulars about Sealex Linoleum, a floor and wall covering that is said to be sanitary, water-proof, and stain-proof. The address is Congoleum-Nairn, Inc. (ME 7-37), Kearny, N. J.

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		Warner Co., Inc., Wm. R.	85
		Whittaker Laboratories	48
		Wilmot Castle Co.	106

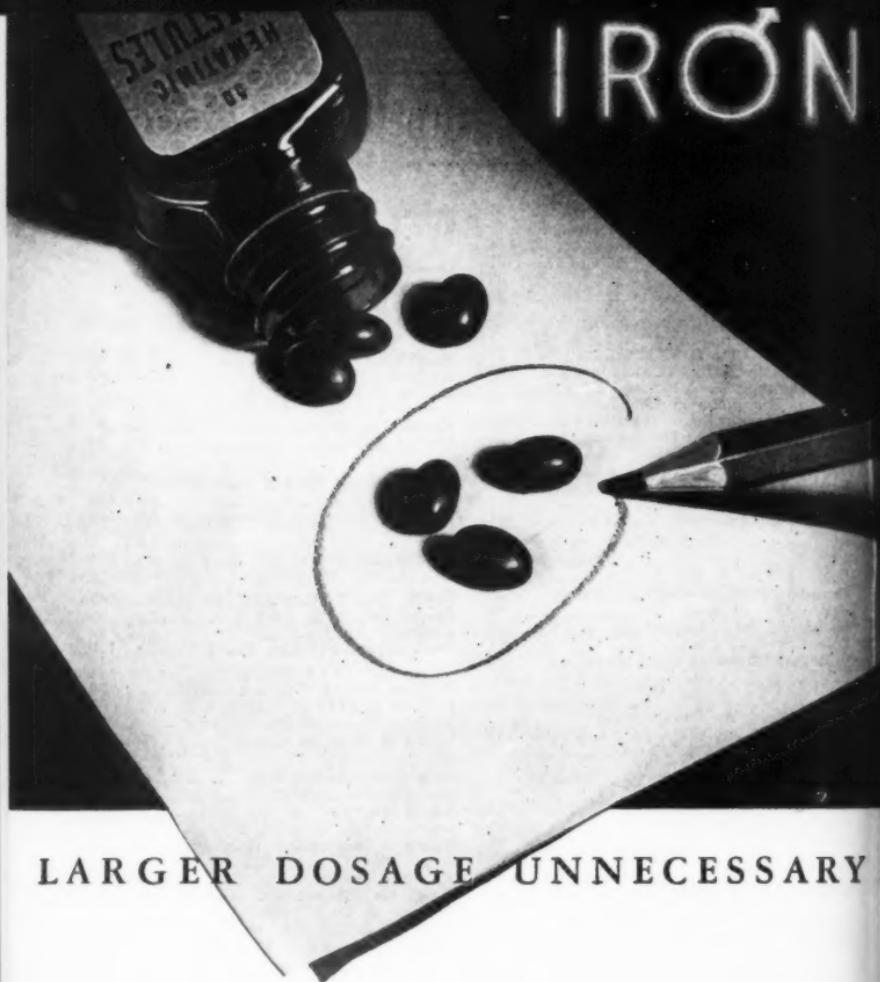


REDUCE BLOOD-PRESSURE
the reading stays down
RELIEVE THE SYMPTOMS
headaches and dizziness go

1-2 tablets t.i.d.
½ hour before meals.
Sample and formula mailed on request.

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